



University of Louisiana at Monroe
Kitty DeGree School of Nursing
Graduate Nursing Program

Admission Application Packet

Revised March 2018



Checklist for Application to Kitty Degree Graduate Nursing Program:

- _____ Application and graduate application fee submitted to the School of Graduate Studies ULM www.ulm.edu/gradschool See “How to Apply” section.
- _____ Application and nursing application fee (\$50.00 money order) submitted to the Kitty Degree School of Nursing Graduate Program. Attach a 2 x 2 passport photo to the application form.
- _____ BSN degree completed from an nationally accredited school of nursing
- _____ GPA minimum 2.8 on 4.0 scale (cumulative)
- _____ Minimum 2 years work experience as a registered nurse
- _____ Current, unencumbered registered nurse license
- _____ If the GPA is less than 2.8, applicants may take the Graduate Record Examination (GRE); the Exam must be taken within 5 years of admission date. The verbal and quantitative scores from the GRE will be multiplied by the student’s GPA to determine a “formula score”. The minimum formula score for acceptance is 712.
- _____ Official transcripts from all college/universities attended submitted to the School of Graduate Studies

To be eligible for admission, the applicants must hold a bachelor’s degree in nursing from a regionally accredited college or university and satisfy the ULM general admission requirements (see School of Graduate Studies admission requirements). Documents must be submitted prior to the published deadline. All documents will become property of ULM and will not be returned. The application fee money order for nursing must be attached to the application document; applications will not be processed without the application fee. Mail all nursing application documents to:

**Kitty Degree School of Nursing
Graduate Nursing Program
Kitty Degree Hall
700 University Avenue
Monroe, Louisiana 71209-1640**

Attach a 2 x 2
pass port
Photo here

**Graduate Nursing Program
Admission Application
Master of Science in Nursing (MSN)**

**Deadline to
apply May 1st**
Application fee
\$50.00 (money
order)

Plan to enroll Semester _____ Year _____

Program to Enter: _____ Adult Gerontology Primary Care Nurse Practitioner
(AGPCNP)

_____ Family Nurse Practitioner (FNP)

Personal information:

Name: (Last) _____ (First) _____ MI: _____

Maiden Name (if applicable) _____

Date of Birth _____ Gender _____ F _____ M

Current Address: (Street) _____

(City, State, Zip Code) _____

Telephone: (Home) _____ Cell _____

Email address: _____

State(s) of current RN licensure: _____

Universities/colleges attended:

School Name	Location (city, state)	Degree earned	Year degree awarded

Registered nurse work experience

Agency/Facility Name, city/state	Clinical area of practice	Years worked in this site