



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

Admission Application Packet

Revised July 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](http://www.ulm.edu/gradschool) See “How to Apply” section.
- \_\_\_\_\_ Application 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 a 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. 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  
April 1<sup>st</sup>  
each year

**Plan to enroll**      Fall 20\_\_\_\_    Spring 20\_\_\_\_    Summer 20\_\_\_\_

**Program to Enter:** \_\_\_\_ **Gerontological Clinical Nurse Leader (CNL)**  
\_\_\_\_ **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

