Please use this checklist as a reminder.

**Documents required for nursing Ph.D. program:**

☑ **Application:** Complete the attached form and mail it with a nonrefundable $30.00 application fee.

☑ **Official Transcripts:** Request that official transcripts of credits be sent directly to the Office of Graduate Admissions. Transcripts must be *mailed directly* from all schools attended. Hand delivered transcripts are not acceptable.

☑ **Recommendations:** Recommendations must be completed by at least three persons familiar with the applicant’s abilities, *but not family members*. Two must attest to research and scholarship and one personal reference. The forms must be sent to the Office of Graduate Admissions. They may be either mailed to the address at the bottom or faxed to 601-318-6765.

**In addition to the above documents, the following are needed:**

☑ Unencumbered nursing license with no pending legal or state board action

☑ Scholarly 1-2 page narrative of personal philosophy on nursing education/administration

☑ Documentation of a negative drug screen within the past year

☑ Current curriculum vitae

All documentation **must** be sent to:

Graduate Admissions Office  
William Carey University  
WCU Box 155  
498 Tuscan Avenue  
Hattiesburg, MS 39401

If any documentation is sent to other university addresses, it could delay the review of the application.

*For additional information, please see our website at [www.wmcarey.edu](http://www.wmcarey.edu)*
William Carey University
Application for Doctoral Admission
Office of Graduate Admissions
WCU Box 155 • 498 Tuscan Avenue • Hattiesburg, MS 39401
(601) 318-6774

__ New Admission  __ Re-admission  __ Nondegree  __ $30 App. Fee  Date: ________________

Please print using black ink.

Name
Mr. Mrs. Ms. ______________________________________________________________
last first middle/maiden

Social Security # ___________________________________________________________

Present Address __________________________________________________________

Present Telephone _________________________________________________________

city state county/parish zip code

Business Telephone _________________________________________________________

E-mail Address ____________________________________________________________

Cellular Telephone ________________________________________________________

Date of Birth _____/_____/______  Age ______  Place of Birth __________________
city state

Sex:  ___ M  ___ F  Marital Status:  ___Single  ___Married  ___Divorced  ___Separated  ___Widowed  Veteran:  ___ Yes  ___ No


Are you a U.S. citizen?  ___Yes  ___No  If no, alien registration number __________________________

 ___ 6. Lutheran  ___ 7. Other ______________________________________________________

If you are a Southern Baptist, please give the following information:

____________________________________________________________________________
Name of church  City  State

First classes will be taken:  ___ Fall 20___  ___Winter 20___  ___Spring Trimester 20___  ___Summer Trimester 20___

Full-time ___  Part-time ___

COLLEGES ATTENDED

Please list all colleges, including William Carey. An official transcript from each college attended is required. (This includes transcripts from colleges where academic renewal was granted.) Failure to list complete and accurate information at the time the application is submitted could result in the cancellation of your enrollment.

<table>
<thead>
<tr>
<th>Name and Location of Institutions Attended (most recent first)</th>
<th>Dates of Attendance (From) (To)</th>
<th>Degree Granted</th>
<th>Name While In Attendance</th>
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Have you ever been suspended from a college or university?  ____ No  ____ Yes

If yes, give college/university, date and explanation.  ____________________________________________________________
  ___________________________________________________________________________________
  ___________________________________________________________________________________

To demonstrate basic competence in statistics, one of these two conditions must be satisfied: a course within the past five years with a grade of B or higher OR recent research project involving statistical analysis.

  • The last statistics course I completed was in ______________ (term), with a grade of ________.
  • My last research project involving statistical analysis was in ______________ (date).

What was your overall undergraduate grade point average? _____

Do you propose to transfer graduate credit?  ____ No  ____ Yes
If yes, check the current William Carey University graduate catalog and contact your advisor for approval for such work.

One official transcript must be mailed directly from each institution attended before final action may be taken on this application.

I hereby affirm that to the best of my knowledge all information furnished on this form is correct and accurate.

_________________________________________________________________________________  ___________________________________________________________________________
Name of Applicant  Date

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the bylaws of the university, William Carey University does not discriminate against any person on the basis of race, color, national or ethnic origin, sex, age, gender, or disability in admissions or in the administration of its education policies, scholarships, loan programs, athletic and other school-administered rights, privileges, programs, and activities generally accorded or made available to students at the school.
Mr.
Ms.
Mrs.___________________________________________________ is applying for admission to graduate study at
(Student, please print your full name.)
William Carey University in the field of _____________________________________________________________

Please fill out this form and return it to:

Graduate Office
William Carey University, Box 155
498 Tuscan Avenue
Hattiesburg, MS  39401                    or fax to:  (601) 318-6765 (no cover sheet required)

1. How long have you known this applicant?   ____________Years   _____________Months
2. In what capacity have you known the applicant? (Can not be a family member.) _____________________
3. In your opinion, what is the applicant’s success potential in graduate work?
   (    )  Definitely master’s level  (    )  Probably master’s level
   (    )  Probably below master’s level  (    )  Do not feel qualified to judge
4. Do you feel that this applicant’s dedication, ability, and sincerity of purpose will enable him/her to
   complete graduate work at this institution?  If not, please explain. _______________________________
   _______________________________________________________________________________________
5. Is this applicant the kind of person you would employ in either a school or other capacity? _________
   _______________________________________________________________________________________

| Please check the level you feel best describes the applicant |
|----------------------------------|----------------|-----------|-----------|-----------|-----------|
| 1. Academic ability              | Poor | Fair | Average | Good | Excellent | Cannot Judge |
| 2. Analytical thinker            |     |     |         |      |           |            |
| 3. Research aptitude             |     |     |         |      |           |            |
| 4. Originality and creativity    |     |     |         |      |           |            |
| 5. Judgment and common sense     |     |     |         |      |           |            |
| 6. Leadership ability            |     |     |         |      |           |            |
| 7. Cooperativeness               |     |     |         |      |           |            |
| 8. Moral attitudes and ideals    |     |     |         |      |           |            |
| 9. Emotional stability           |     |     |         |      |           |            |
| 10. Health                       |     |     |         |      |           |            |

Signature of respondent_______________________________   Title or position_____________________________
Typed or printed name________________________________     Phone number ____________________________
Confidential Report from Applicant’s Reference
Graduate Admissions
William Carey University
Hattiesburg/Biloxi, Mississippi

Mr.  
Ms.  
Mrs. ____________________________________________ is applying for admission to graduate study at
(Student, please print your full name.)

William Carey University in the field of ______________________________________________________________

Please fill out this form and return it to:

Graduate Office
William Carey University, Box 155
498 Tuscan Avenue
Hattiesburg, MS 39401 or fax to: (601) 318-6765 (no cover sheet required)

1. How long have you known this applicant? _______Years _______Months

2. In what capacity have you known the applicant? (Can not be a family member.) ___________________

3. In your opinion, what is the applicant’s success potential in graduate work?
   (      ) Definitely master’s level (      ) Probably master’s level
   (      ) Probably below master’s level (      ) Do not feel qualified to judge

4. Do you feel that this applicant’s dedication, ability, and sincerity of purpose will enable him/her to
   complete graduate work at this institution? If not, please explain. _______________________________

5. Is this applicant the kind of person you would employ in either a school or other capacity? _______

Please check the level you feel best describes the applicant

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<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Cannot Judge</th>
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</table>

Signature of respondent_____________________________   Title or position_____________________________
Typed or printed name________________________________     Phone number ____________________________
NOTE: This is to be sent to the school you previously attended

An official transcript is defined as one mailed from one institution to another. For courses currently in progress, a supplementary transcript(s) also is required upon the completion of those courses.

Date__________________________

TO WHOM IT MAY CONCERN:

I hereby request that _____ copy(ies) of the transcript of:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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</tbody>
</table>

to be sent to:

William Carey University  
Office of Graduate Admissions  
WCU #155  
498 Tuscan Avenue  
Hattiesburg, MS 39401

Name while in attendance: __________________________________________________________

Date of attendance: _________________________________________________________________

Social Security Number: ______________________ Date of Birth __________________________

Thank you for your immediate attention.

_________________________________________  ______________________________
Signature                                Phone Number (home)

_________________________________________  ______________________________
Address                                  Phone Number (cell)

_________________________________________  ______________________________
City          State         Zip