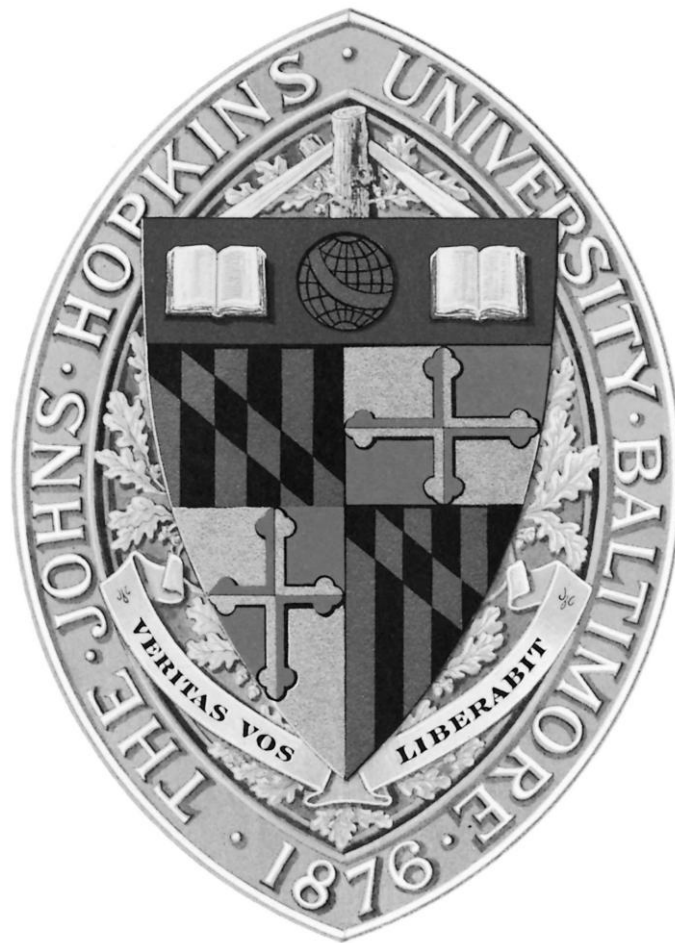


Johns Hopkins University School of Nursing

Application for Admission

Doctor of Philosophy in Nursing (PhD)



"Bring into the school the best possible students, provide for them... the best possible instruction, instill into them a realization of their responsibilities, send them out in the profession." -- Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital 1910-1940

PhD Application Guidelines

Send application to: Johns Hopkins University School of Nursing
Office of Admissions and Student Services
525 North Wolfe Street, Suite 113
Baltimore, MD 21205-2110

Scholarship Deadline: January 15 – Applications should be received by this date in order to be considered for scholarships.

Follow all instructions carefully to avoid delays in the processing of application materials. In order to expedite the application process, students may submit all supporting documentation, including official transcripts and recommendations, in sealed envelopes in one package (test scores excluded). Application supporting documentation may also arrive separately. **Before a final admission decision can be made, all supporting documentation must be received.**

All applicants must submit:

- Completed and signed application form
- Signed statement acknowledging the Johns Hopkins University School of Nursing Ethics Policy
- \$100 non-refundable application fee. Make check or money order payable to the Johns Hopkins University
Please note: The application fee is waived for alums of the Johns Hopkins University
- Goal statement including research interest
- Publication or graded paper
- Three recommendations; at least one recommendation must be from an academic source (i.e. a professor whose class you have completed or are currently in the process of completing). The remaining two recommendations may be from either an academic or professional source (i.e. from an employment/volunteer supervisor). The recommendations should be enclosed in sealed envelopes with the recommender's signature across the envelope flap.
- Official transcripts from all colleges and universities attended (including the Johns Hopkins University)
- Current resumé or curriculum vitae
- Official GRE (Graduate Record Examination) scores sent to the JHUSON (School code: 5767)
Please note: Date of exam must be within the past five years.
- Verification of current RN license. All RN's must obtain a Maryland RN license and present verification by the time of matriculation.

International applicants and applicants who have completed courses outside of the United States must submit:

- Official Course-by-Course WES (World Education Services) Evaluation. Registered Nurses may submit an official Course-by-Course Evaluation from CGFNS (Commission on Graduates of Foreign Nursing Schools).
Please note: if any academic credit was granted from an academic institution outside the United States, credits must be evaluated.
- Official TOEFL (Test of English as a Foreign Language) scores for international students whose native language is not English
Please note: TOEFL is not required for applicants who have a baccalaureate degree or higher from an accredited school within the United States or applicants that have lived in the United States for more than five years.
- All non-permanent citizens are required to submit official documents in English showing proof of funding by the time of matriculation. For more information, visit (<http://www.hopkinsmedicine.org/intlsvcs/>).

Please note:

The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national or ethnic origin, age, marital status, disability or veteran status in any student program or activity administered by the university or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this university policy. The university is committed to encouraging a change in the Defense Department policy. Questions regarding Title VI, Title IX and Section 504 should be referred to the Office of Equal Opportunity and Affirmative Action Programs, Garland Hall, Suite 130, (410) 516-8075.

The University of necessity reserves the freedom to change without notice any programs, policies, requirements or regulations published herein.

Criminal Background Check - Johns Hopkins University School of Nursing students are required to undergo a criminal background check prior to matriculation. The School of Nursing will provide information about this process to accepted students.

Johns Hopkins University School of Nursing Doctor of Philosophy in Nursing (PhD) Application

Entry Status: Fall 20____ Spring 20____ Summer 20____ Full-time Part-time

General Information

last name first middle previous name/s

social security number date of birth place of birth Female Male

permanent mailing address

city state zip code

current mailing address effective until

city state zip code

() () ()
home telephone number cell telephone number work telephone number

email address home state

Have you previously applied to the Johns Hopkins University School of Nursing? Yes No If yes, when?

Have you served in Peace Corps? Yes No If yes, where and when? _____

Demographics

U.S. Citizen Permanent Resident Foreign National

If not a U.S. citizen, country of citizenship (city and country) _____

Visa Type: F-1 J-1 Other _____

Do you need an I-20 or F-1 Visa? Yes No

Optional - the following items are optional. No information you provide will be used in a discriminatory manner.

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

American Indian and Alaska Native (including all Original Peoples of the Americas)

Asian (including Indian subcontinent and Philippines)

Black or African American (including Africa and Caribbean)

Native Hawaiian or other Pacific Islander (Original Peoples)

White (including Middle Eastern)

Are you a US Armed Services veteran? Yes No

Test Information

GRE:

Month/Year _____ Verbal _____ Quantitative _____ Analytical Writing _____

TOEFL:

Month/Year _____ Score _____

Name: _____

SS#: _____

Academic Information

List in chronological order **all** baccalaureate and graduate schools that you have attended. An official transcript from each institution attended is required.

Academic Institutions	Location	Dates of Attendance	Major	Degree Granted/Expected

RN license Information

States in which licensed as an RN:

License Number:

Honors and Awards

Are you a member of Sigma Theta Tau International Honor Society of Nursing?

Yes No If yes, which chapter? _____

Please list academic, community or employment honors, and/or awards you have received.

Honor/Award	Description	Date

Employment Information

List most recent first.

Employer	Position/Title	Dates

Name: _____

SS#: _____

Recommendations

List the contact information for the people who will be submitting recommendations on your behalf.

Name	Title/Institution	Address	Telephone

Publications and Presentations

List titles	Publishers	Dates

Organizations

List the professional, community and volunteer organization in which you have been active.

Organization	Description of Activity	Dates

Goal Statement

Please type a statement, 2 - 3 double-spaced pages in length, describing your professional goals and your reason for interest in the PhD program at Johns Hopkins University School of Nursing. Please describe your research interests and be as specific as possible.

Ethics Policy

Students enrolled in the Johns Hopkins University, School of Nursing are expected to conduct themselves in a manner that upholds the values of this institution of higher education. Each student is obligated to refrain from violating academic and professional nursing ethics, principles and non-academic standards of conduct. The School of Nursing Ethics Policy is based on the shared core values stated in the School's Values Statement.

To review the Johns Hopkins University, School of Nursing Ethics Policy, visit <http://www.nursing.jhu.edu/>.

By signing here you agree that if admitted, you will hold yourself and others to the highest standards based on the values of **excellence**, **respect**, **diversity**, **integrity** and **accountability**.

Signature: _____ Date: _____

Name: _____

SS#: _____

How did you hear about us?

Please indicate the contacts you have had with the Johns Hopkins University School of Nursing: (Check all that apply)

- Special Hopkins on-campus program/tour _____
program, date
- Peterson's Guide National League of Nursing Guide AllNursingSchools.com
- World Wide Web _____ Mailing
site
- Hopkins alumni/current student _____
name
- Visit to your college/place of employment by a Hopkins representative _____
location
- Career day/school fair event _____
program
- Other _____

Please indicate what influenced you most to apply to the Johns Hopkins University School of Nursing:

Applicant's Signature

My signature below indicates that all the information contained in my application is factually correct and honestly presented. I acknowledge that this application and all required credentials submitted to the Office of Admissions and Student Services, including school and college reports and all transcripts, are confidential items and are not to be released to anyone except as allowed by applicable law. I recognize that the University reserves the right to deny admission to applicants even though they have met the minimum requirements for admission.

Signature: _____ Date: _____

Johns Hopkins University School of Nursing

PhD Recommendation Form

APPLICANT

last name

first name

middle name

Type of reference:

Academic

Professional

Applicant's Waiver

Under the Family Educational Rights and Privacy Act (FERPA) you have the right, if you enroll at the Johns Hopkins University School of Nursing, to review your recommendation. The act further provides that you may waive your right to see your recommendation. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive

I do not waive

Signature: _____

Date: _____

RECOMMENDER

The Admissions Committee is interested in your assessment of the applicant. You may use this form to address the questions below or you may address the questions below on letterhead and include it with this form. Once complete, return your recommendation in a sealed envelope with your signature across the back flap to the applicant or the Johns Hopkins University School of Nursing, Office of Admissions and Student Services 525 North Wolfe Street, Suite 113, Baltimore, MD 21205.

What is your relationship with the applicant? _____

How long you have known the applicant? _____

What do you consider to be the applicant's strengths? _____

What do you consider to be the applicant's weaknesses? _____

How well do you think the applicant has considered plans for this program? _____

What is the applicant's potential for creative scholarship and research? _____

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Title: _____

Employer: _____

Email address: _____

Address: _____

Phone number: _____

Signature _____

Date: _____

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PhD Recommendation Form

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Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone number: _____ Signature _____ Date: _____

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PhD Recommendation Form

APPLICANT

last name

first name

middle name

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Name: _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone number: _____ Signature _____ Date: _____