UNIVERSITY OF SOUTHERN MAINE
SCHOOL OF NURSING

GRADUATE PROGRAM SELECTION FORM

School of Nursing applicants must complete this form and submit it with the application for admission to graduate study. Please see the current Graduate Catalog/School of Nursing web site for program descriptions before completing this form.

Applicant: ___________________________________________________________________________

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name/initial</th>
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A. For which program are you applying? *(Check one only)*
   - M.S. Degree (For R.N.s with a Baccalaureate degree in Nursing)*
   - R.N. to M.S. (For R.N.s with an Associate degree or diploma in Nursing)*
   - 2nd Degree M.S. Option (For individuals with a non-nursing Baccalaureate Degree)
   - Post-Masters Certificate of Advanced Study (For individuals with a Master’s Degree in Nursing)*
   - Certificate of Graduate Study (For individuals with a Bachelor’s or Master’s Degree in Nursing)*
   - Doctor of Nursing Practice (For individuals with a Master’s Degree in Advanced Practice Nursing)*

*You must provide a copy of your current unencumbered licensure as a registered professional nurse in Maine.

B. B.S. to M.S., R.N. to M.S., and 2nd Degree M.S. Option applicants only:
   Indicate choice of concentration/specialty *(check one only)*
   - Adult-Gerontology Primary Care Nurse Practitioner
   - Family Nurse Practitioner
   - Family Psychiatric/Mental Health Nurse Practitioner
   - Nursing Education (not available for M.S. Option applicants)

C. Post-Master’s Certificate of Advanced Study (CAS) applicants only: (for individuals with a Master in Nursing).
   Indicate choice of clinical concentration *(check one only)*
   - Adult-Gerontology Primary Care Nurse Practitioner*
   - Family Nurse Practitioner*
   - Family Psychiatric/Mental Health Nurse Practitioner*
   - Nursing Education

*Applicants must provide evidence of current national certification if initial master’s degree in nursing was in an advanced practice specialty.

D. Are you currently enrolled as a non-matriculated student at USM?              ___ Yes    ____ No
   Have you completed other course work as a non-matriculated student at USM? ___ Yes    ____ No

If you answered yes to either of the above questions, please list the course numbers & names: _______________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Updated 03/21/2016