WELCOME

We welcome your application to the PhD in Nursing program. The PhD program is a jointly administered program between Kent State University and The University of Akron Colleges of Nursing. Applicants select one of the universities for the application and give a ranked preference for their University of Record (UOR). The UOR maintains student records and transcripts and awards the doctorate. The doctoral diploma, while issued from only the UOR, will recognize both universities. Applicants are notified of their UOR in their admission letters. Although it is not guaranteed, every effort is made to honor an applicant's preference.

STEPS IN THE APPLICATION PROCESS:

Application to the PhD program should be made directly to your requested university using the steps outlined below. There is an application fee involved in both instances.

Kent State University (KSU)

1. Complete and submit an online application for admission to KSU Graduate Studies at:
   www.admissions.kent.edu/apply/Graduate

2. Submit all materials from the checklist that follows either online or directly to:

   Graduate Studies
   Kent State University
   111 Cartwright Hall
   PO Box 5190
   Kent, Ohio 44242-0001
   NOTE: Your application and supporting materials will not be released to the College of Nursing until all materials have been received by Graduate Studies. You will receive email notification by the Dean of Graduate Studies when your application is complete and has been sent to the College of Nursing.

University of Akron (UA)

1. Complete and submit an online application for admission to UA Graduate School at:
   www.uakron.edu/gradsch

2. Submit all materials from the checklist that follows directly to:

   The PhD Admissions Committee
   The University of Akron
   College of Nursing
   Akron, Ohio 44325-3701

TIMEFRAME TO KEEP IN MIND:

Complete applications (applications that include all required supporting materials) will be reviewed by the PhD Admissions Committee and admission decisions will be made throughout the year for the next fall semester. To be considered for admission and enrollment in any given fall, complete applications must be received by July 15. To meet this deadline, the Graduate Record Exam should be taken no later than June 30.
Kent State University and The University of Akron
Ph.D. in Nursing Program

CHECKLIST:
The following is a checklist of materials that must be submitted and the location to which they must be submitted.

**Materials to be submitted directly to the selected university graduate school either online or at the postal addresses provided on page one:**

- Official application online to the selected university graduate school.
  - Kent State University: [www.admissions.kent.edu/apply/Graduate](http://www.admissions.kent.edu/apply/Graduate)
  - University of Akron: [www.uakron.edu/gradsch](http://www.uakron.edu/gradsch)

- Official transcript from every university or college from which 8 semester credit hours or more were earned

- Official results from the Graduate Record Examination taken within 7 years of application
  - (GRE information can be obtained online, [www.gre.org](http://www.gre.org), or by calling 330-972-7084.)

**The following materials are to be submitted directly to:**

**Kent State University (KSU) - Graduate Studies**
(address on page one)

- Application Information Sheet for the PhD Program for the selected college of nursing

- Resume or Curriculum Vitae
  - *Please include certifications with dates, publications, research experience, teaching experience, memberships in professional organizations, honors and awards, and community involvement.*

- Three letters of reference from professionals or professors who can adequately evaluate your work

- A statement of career goals
  - *Please limit to one typed paragraph, double-spaced* — *Please include a clear statement as to why you desire the research doctorate and what you want to do after earning the research doctorate.*

- A statement of research interests
  - *Limit to one typed, double-spaced page* — *Please be as specific as possible.*

- Sample of written work (for example, term paper, published article, essay, thesis, or professional report)

- *Evidence of or potential for licensure to practice professional nursing in Ohio (e.g., current state license number)*

- *Evidence of professional liability insurance, including policy number*

Regarding current licensure to practice nursing in the state of Ohio and evidence of professional liability insurance: Patient care-related research activities and teaching assistant responsibilities often require current registered nurse (RN) licensure, or eligibility for licensure, within the State of Ohio and professional liability or malpractice insurance. Advisors and/or the Directors of the JPDN program will provide clarification about the requirement for current RN licensure in individual circumstances. Please contact these individuals for clarification and to answer your questions.
Kent State University and The University of Akron
Ph.D. in Nursing Program

Application Information Sheet

Name: ______________________________________ ________________________
Mailing Address: _____________________________________________________________________
City, State, Zip: _______________________________________________________________________
E-mail: ____________________________ Social Security Number ____________________________
Telephone number where we may contact you most easily: Home: __________________________
Work: ___________________________
(Ch eck box and provide both phone numbers.)
Current place of employment: __________________________________________________________
Position: ____________________________________________________________________________
1. Year/Semester desired to begin in program: _____________________________________________
2. Desired enrollment plan of student: First year: Full Time _____ Part Time _____
(Ch eck one for each year)
Second year: Full Time _____ Part Time _____

3. Area of research interest: ___________________________________________________________
4. Do you need academic financial support? Yes _______ No _______
5. Are you interested in being considered for a graduate or research assistantship? Yes ____ No ____
6. Institution of Master’s degree: ____________________________ Year earned: __________
7. Master’s specialty area: ________________________________________________
8. Functional role preparation in Master’s Degree Program: (Please check)
Administrator ______ Nurse Practitioner ______ Clinical Nurse Specialist ________
Educator ______ Nurse Researcher ______ Other: (Explain) __________________
9. Current functional role: (Check your most recent role.) Current title: ______________________
Administrator ______ Nurse Practitioner ______ Clinical Nurse Specialist ________
Educator ______ Nurse Researcher ______ Other: (Give title) __________________
10. From which university do you want your diploma?
First choice ____________________________ Second Choice ____________________________
(This university will be your university of record. Every effort will be made to give you your first choice, but this
choice is not guaranteed.)

Additional optional information:

11. Race/Ethnicity: (Check)
American Indian or Alaskan Native Asian or Pacific Islander Hispanic
White, not of Hispanic Origin Black, not of Hispanic Origin Other

12. Gender: Male   Female
Kent State University and The University of Akron
Ph.D. in Nursing Program

Reference Form for Doctoral Study

APPLICANT’S NAME:
___________________________________________________________________________________________
Last Name                      First Name                      Middle Initial

TO THE APPLICANT: Please obtain three (3) letters of reference from professionals or professors who can adequately evaluate you and your previous work or potential for success. Please supply each reference writer with a stamped, addressed envelope for his or her use. Before giving form to your references, please review and sign below your right to review your recommendation.

TO THE EVALUATOR: The person whose name appears above is applying for admission to the Ph.D. Program jointly administered by Kent State University and The University of Akron and is requesting a reference from you. Your recommendation will be used solely for evaluation for admission.

Please complete the form and mail to the respective University:

Graduate Studies
Kent State University
111 Cartwright Hall
PO Box 5190
Kent, Ohio 44242-0001

PhD Admissions Committee
The University of Akron
College of Nursing
Akron, Ohio 44325-3701

Thank you for completing this Reference Form. Your input will be valuable when admission decisions are made.

Under the federal Family Educational Rights and Privacy Act of 1974, applicants are entitled to review their records, including letters of recommendation. It is the applicant’s option to waive his or her right to these recommendations or to decline to do so. The applicant should mark the appropriate phrase below, indicating his or her choice of option, and sign his or her name.

_______ I waive my right to review this recommendation.
_______ I do not waive my right to review of this recommendation.

Applicant’s Signature: _________________________ Date: ____________________________

1. In what specific capacity have you known the applicant and for how long?
2. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Rate the applicant on each criterion as compared with other individuals of similar education and/or experience with whom you have been associated.

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<th>Top 5%</th>
<th>Top 10%</th>
<th>Upper 25%</th>
<th>Middle 50%</th>
<th>Lower 25%</th>
<th>Unknown to me</th>
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<tbody>
<tr>
<td>Intellectual/analytical ability</td>
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<td>Oral and written communication skills</td>
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<td>Self-reliance and independence</td>
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<td>Research ability and potential</td>
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<td>Clinical proficiency/clinical decision-making</td>
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<td>Interest and enthusiasm</td>
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3. Additional Information:

4. Please indicate your overall evaluation of this applicant for doctoral study in nursing by circling one of the numbers below.

<table>
<thead>
<tr>
<th>Recommend Enthusiastically</th>
<th>Highly Recommend</th>
<th>Recommend</th>
<th>Do Not Recommend</th>
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<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Signature of Evaluator: ______________________________ Date: __________________

Name: __________________________ Title: __________________________

(please print or type)

Institution: __________________________________________________________________________

Address: ___________________________________________________________________________

May the JPDN Admissions Committee contact you should additional information be needed?

Yes ______ No ______ Telephone: _________________________________________________________

THANK YOU.