



WESTERN UNIVERSITY OF HEALTH SCIENCES

DOCTOR OF NURSING PRACTICE PROGRAM

APPLICATION CHECKLIST

This checklist is provided to help you appropriately submit all necessary application materials.

For more information regarding the application process, please refer to the Apply Now web page.

Check

- ___ **A) ORIGINAL SIGNED APPLICATION FORM WITH ALL QUESTIONS ANSWERED**
- ___ **B) APPLICATION FEE**
Non-refundable application fee of \$60 payable to Western University
- ___ **C) PERSONAL STATEMENT**
Please include a one page (maximum) statement which includes: 1) a summary of your professional accomplishments and 2) a description of your future professional trajectory.
- ___ **D) CURRICULUM VITAE**
Include all previous employers and academic institutions attended.
- ___ **E) THREE LETTERS OF RECOMMENDATION**
Include the signature, name and contact information of the evaluator. They should address the applicant's capacity/ability for doctoral level work.
- ___ **F) RN LICENSE**
Include copies of all current nursing licenses.
- ___ **G) OFFICIAL TRANSCRIPTS**
A complete set of official transcripts (in sealed, original envelopes) from all colleges or universities attended. Also include any special certificates received for additional coursework.
- ___ **H) EXAMPLE OF SCHOLARLY WRITING**
Examples can include: a research proposal, published work, reports written for a practice and papers presented.
- ___ **J) EVALUATION OF FOREIGN COURSEWORK (IF APPLICABLE)**
All foreign transcripts must be evaluated course-by-course with letter grades, pass/fail or credit/no credit and must specify which courses are considered undergraduate, graduate and professional. Transcripts should be evaluated by a Western University-approved evaluation service.

MAIL YOUR COMPLETED APPLICATION PACKET TO:

Western University of Health Sciences, Admissions Office – DNP
309 E. Second Street ● Pomona, CA 91766-1854 ● (909) 469-5335
www.westernu.edu ● email: admissions@westernu.edu