

UNIVERSITY OF MASSACHUSETTS BOSTON
College of Nursing & Health Sciences

Application Form – Post Master ‘s Graduate Certificate in Nursing
(PLEASE PRINT OR TYPE CLEARLY DEADLINE IS FEB 1 TO SEND TO DR. KAREN DICK)

Name: _____
(As you wish it to be printed on your diploma. **Name must be the same on file.**)

Social Security#: _____

Semester & year accepted into certificate program: _____

Anticipated Graduation Date: May/June _____ Aug _____ Dec _____ 20 _____

Note: Certificates will be mailed out to the address on file.

LIST GRADUATE COURSES TO BE CREDITED TOWARD CERTIFICATE-AT UMB.

Core Courses – Family Certificate 21 credits

<u>Dept. & Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 681	PC of the Child bearing Family	_____	3	_____
NU 639	Primary Care of the Adult	_____	3	_____
NU 637	Psychosocial Mental Health	_____	3	_____
NU 680	PC of the Family Pract II	_____	6	_____
NU 682	PC of the Family Pract III	_____	6	_____

Core Courses – Adult/Gero Certificate 21 credits

<u>Dept. & Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 671	Primary Care of the Older Adult	_____	3	_____
NU 639	Primary Care of the Adult	_____	3	_____
NU 637	Psychosocial Mental Health	_____	3	_____
NU 670	PC of the Adult/OAdult Pract II	_____	6	_____
NU 672	PC Adult/OAdult Practium III	_____	6	_____
OR				
NU 680	PC of the Family Practium II	_____	6	_____

Core Courses – Gero Certificate 12 credits

<u>Dept. & Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 671	Primary Care of the Older Adult	_____	3	_____
NU 637	Psychosocial Mental Health	_____	3	_____
NU 670	PC of the Adult/OAdult Practi II	_____	6	_____
Or				
NU 672	PC Adult/OAdult Practi III	_____	6	_____

Core Courses – Adult Certificate 12 credits

<u>Dept. & Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 639	Primary Care of the Adult	_____	3	_____
NU 637	Psychosocial Mental Health	_____	3	_____
NU 680	PC of the Family Pract II	_____	6	_____
OR				
NU 670	PC Adult/OAdult Practi II	_____	6	_____

Core Courses – Post-Master’s Family Certificate 12 credits

<u>Dept. & Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 681	PC of the Child Family	_____	3	_____
NU 637	Psychosocial Mental Health	_____	3	_____
NU 682	P C of the Family Pract II	_____	6	_____
Total Credits				_____

Core Courses – Post-Master’s Family Certificate 12 credits

<u>Dept. & Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 639	PC of the Adult	_____	3	_____
NU 637	Psychosocial Mental Health	_____	3	_____
NU 680	PC of the Family Pract II	_____	6	_____
Total Credits				_____

Transfer Credits

LIST ALL COURSES NOTED ABOVE THAT WERE TAKEN OFF-CAMPUS

<u>Dept. & Course School</u>	<u>Title Credit</u>	<u>Semester/Yr</u>	<u>Name of</u>
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge the information given above is correct and complete.

Signature of Candidate _____ Date _____

Graduate Program Director's Approval

I recommend that _____ be awarded the Graduate Certificate effective May/June _____, Aug _____ or Dec _____ 20 _____ pending successful completion of current semester courses. The information furnished by the above named candidate has been verified from the records of the Master of Science Program in Nursing.

Dr. Karen Dick , Graduate Program Director, College of Nursing & Health Sciences