

Application

Doctor of Nursing Practice

Please return your completed application to: gadmissions@rivier.edu

Hard copy documents may be mailed to the address below.

A \$100 non-refundable application fee may be paid online, or by check payable to Rivier University.



Full Legal Name _____ Female
Last (Family Name) First (Given Name) Middle Male
XXX – XX –

Other names that may appear on supporting documents _____ Email Address _____ Last Four Digits of SSN _____

Current Mailing Address _____
Number and Street _____
() ()
City State or Country ZIP or Postal Code Phone number Alternate phone number

Permanent Mailing Address (if different from current) _____
Number and Street _____
()
City State or Country ZIP or Postal Code Phone number

Date of Birth ____/____/____ Place of Birth _____
Mo Day Year City State or Country

Do you wish to be considered for financial aid? Yes No

Are you currently enrolled in classes at Rivier? Yes No Proposed entrance date September January May Year _____

Ethnic Background (optional): *The information you provide is used for data collection and research only.*

Are you Hispanic or Latino? Yes No (In addition, do you consider yourself):

Asian (Including Indian subcontinent and Philippines) Black or African American
 American Indian/Alaska Native or other native person of the Americas Native Hawaiian or Other Pacific Islander
 White (Including Middle Eastern) Other _____

Have you ever been convicted of a felony, which has not been annulled? Yes No *If you answered yes, please attach a separate sheet of paper that provides the date of each conviction, the name of the state and the specific court where the conviction was entered, and the acts leading to the conviction.*

Academic Information (Attach additional page to list other schools)

List all colleges or universities attended. Official transcripts must be requested and sent directly to the Office of Graduate Admissions.

Name of Institution	Location	Dates Attended From/To	Major	Degree	Date Received/ Expected

Admissions Requirements

- Application and \$100 fee (online payments or by check payable to Rivier University)
- Official transcripts for all college level study
- Two letters of recommendation (one from a direct supervisor or professional who can address your clinical expertise and leadership potential. The second letter may also be a professional recommendation or else a recent academic instructor who may address your professional strengths as a student)
- Your active unencumbered advanced practice registered nurse (APRN) license
- Resume or CV
- Statement of purpose (giving your reasons for pursuing the DNP and shows how your interests align with one of the eight AACN Essentials of Doctoral Education for Advanced Nursing Practice)
- Evidence of a completed graduate level Statistics course
- Clinical hours verification documentation

My typed signature below indicates that all information on this application and other documents submitted as part of the application are factual, complete, is my own work, and is presented honestly. Withholding information requested or giving false information may make me ineligible for admission. I also understand that the documentation I submit becomes property of Rivier University and will not be returned.

Applicant's signature _____

Date _____

In compliance with federal Clery Act legislation, Rivier University makes the Annual Security and Fire Safety Report available online at www.rivier.edu/ps.