



UNIVERSITY OF MASSACHUSETTS
GRADUATE SCHOOL OF NURSING
APPLICATION CHECKLIST

MAIL THIS CHECKLIST WITH INFORMATION LISTED BELOW TO:

University of Massachusetts Worcester
Graduate School of Nursing
Attention: Admission Office
55 Lake Avenue North
Worcester, MA 01655

Full Name: _____

(Please print clearly)

Address: _____

City: _____ State: _____ Zip: _____

(If you currently live in Massachusetts, have ever lived outside of Massachusetts? YES or NO)

Home Phone: _____ Cell Phone: _____

NursingCAS ID#: _____

Program applying to: _____

Application fee: **nonrefundable** make check payable to UMass Worcester
Graduate School of Nursing (This fee is different than the fee for
NursingCAS) please circle below:

Instate \$100.00

Out of State \$100.00

Notarized proof of residence for instate and out of state applicants is
included:

Be sure you have reviewed all application requirements for your program of
interest on our web site at www.umassmed.edu/gsn. Your application will
not be considered complete or be reviewed until you have completed all
application requirements. All application requirements must be submitted to
NursingCAS except for what is listed on this checklist.