

UNIVERSITY OF MISSOURI – KANSAS CITY  
**School of Nursing & Health Studies**  
**DOCTORAL DEGREE PROGRAM OF STUDY**

**Form F**

In consultation with the Supervisory Committee, the student should initiate this application, secure the approvals indicated below, and present the original to the School of Nursing & Health Studies Student Services Office. Once approved, the original will be sent to the School of Graduate Studies and copies sent to the student and faculty advisor.

\_\_\_\_\_  
 Name (Printed or Typed)

\_\_\_\_\_  
 Student Identification Number

\_\_\_\_\_  
 Current Address

\_\_\_\_\_  
 PhD  
 Degree Sought

\_\_\_\_\_  
 City, State

\_\_\_\_\_  
 ZIP Code

If you have received a Master's or other advanced degree from an accredited university, please list below the degree title (M.S., M.A., etc); the total semester credit hours required for the degree(s), where taken, and date of degree awarded (to be verified by the Supervisory Committee; See attached transcript).

Degree Title	Total Degree Hrs. Required	Institution	Date Received

List below all the courses proposed for your doctoral degree program over and above the courses taken for the degree(s) listed above. At least 60% of the total number of hours taken at UMKC applicable toward this degree program must be at the 500 or higher level. No more than one half of all Post-Baccalaureate work may be taken from another university.

Number	Title	Hours	Grade	Number	Title	Hours	Grade
N5603	Research Institute I	2					
N5604	Research Institute II	2					
N5608	Theory Development I	3					
N5610	Theory Development II	3					
N5612	Statistics I	3					
N5622	Statistics II	3					
N5668	Quantitative Research	3					
N5670	Qualitative Research Methods	3					
N5662	Psychometrics	3					
N5631	State of the Science	3					
N5664	Epidemiology	3					
N5666	Designing Research	3					
					500 Level		
					Total		

