University of Portland GRADUATE SCHOOL

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School of Nursing Graduate Applicant Personal Statement

Applicant Name (First and Last Name): _____

Applicant Email: _____

Program of Interest:

☐ **Doctor of Nursing Practice**

☐ **Master of Science: Clinical Nurse Leader**

☐ **Master of Science: Nurse Educator**

Directions: Complete the following prompt and return to the Graduate School either via email as a saved .pdf attachment to gradschl@up.edu or as a printed document via mail to the address listed above in the right hand corner. Please be sure this completed form is included in your email or mail. For any program specific questions, please contact Becca Fischer via email at fischer@up.edu or by phone at 503.943.7423.

In 250 words or less, please describe a transformational experience that has impacted your life.

In its educational policies, programs, and procedures, the University provides equal opportunity for all its students without regard to race, color, religion, sex, age, disability, or national or ethnic origin.