

Master of Clinical Research SUPPLEMENTAL APPLICATION

Required for Transfers only - if you were previously enrolled in a Graduate degree program at The Ohio State University

Refer to our website for specific instructions, additional forms, and application deadlines:

<https://nursing.osu.edu/master-clinical-research>

NAME: _____ Date of Birth (MM/DD): _____

Are you interested in ____ full time study or ____ part time study?

Choose (1) specialization:

- Clinical Research Management
- Regulatory Affairs

Online Program

This program is offered exclusively in a distance learning format.

Classes may be offered in either synchronous (specific day and time) or asynchronous (on your schedule) formats. Students will not be required to come to campus. Additionally, if a student in an exclusively distance learning option wants to take a nursing course in-person on the Columbus campus, they will be asked to petition for permission.

- I certify that I have read and agree with this statement.**

Licensure

Ohio State academic programs prepare students to sit for applicable licensure in Ohio. Ohio State cannot confirm whether a particular program meets requirements for professional licensure outside the State of Ohio. Please contact applicable licensing board(s) in a state where you may want to pursue licensure prior to beginning the academic program to determine whether the program meets licensure requirements. State licensing board disclosures and contact information are located at online.osu.edu/state-authorization/disclosures and odee.osu.edu/students/state-authorization.

International Applicants: A country may or may not regulate education provided to students in its jurisdiction and may or may not require foreign higher education institutions to comply with distance education regulations. At this time, Ohio State cannot guarantee the program meets curriculum requirements in your country.

- I certify that I have read and agree with this statement.**
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If you are interested in a Graduate School fellowship, please respond to the following questions.

For more information on fellowship eligibility and fellowship funding, please visit

<https://gradsch.osu.edu/>

1. If admitted, will you be enrolling as a full-time student?

If you answer no to this question, you are not eligible for a fellowship.

Yes

No

2. Do you plan to work at The Ohio State University, Wexner Medical Center, a university affiliate, or elsewhere while on fellowship?

Fellowship recipients may not be employed by Ohio State University, the Wexner Medical Center, a university affiliate, or elsewhere while on fellowship.

Yes

No

3. Are you willing to accept a fellowship, if offered, providing only one year of support?

If you answer no to this question, you are not eligible for a fellowship.

Yes

No

4. Have you been a previous graduate student at Ohio State?

Answer should be yes if you are completing this form.

Yes

No

5. In your previous academic career, did you achieve any unique or significant academic awards or honors?

Yes

No

6. In your previous academic career, did you publish any significant scholarly products (published papers, abstracts, presentations) beyond required assignments?

Yes

No

7. Do you participate or have you participated in the last 2 years in any ongoing activities demonstrating significant community service, volunteer service, and/or outreach?

Yes

No

If you are interested in being considered for university fellowship opportunities, please prepare a brief statement addressing the following:

Describe your academic achievements including academic awards and scholarly products (published papers, abstracts, presentations); activities demonstrating community, volunteer service, or outreach activities; and attributes and qualities that may contribute to your academic success. **Your response is limited to 450 words.**