



National University  
School of Health and Human Services  
Department of Nursing

Master of Science in Nursing

Admission Application



**PLEASE ENSURE YOU ARE FILLING OUT THE CORRECT  
PROGRAM APPLICATION. WE HAVE A SEPARATE  
APPLICATION FOR POST-GRADUATE CERTIFICATE  
APPLICANTS**

## **Master of Science in Nursing Program Admission Requirements**

### **I. Completed Application Form**

Please submit this application and associated materials to your Enrollment Specialist at [MSNProgram@nu.edu](mailto:MSNProgram@nu.edu).

### **II. Post-Secondary Official Transcripts**

Official transcripts from all college and/or universities attended must be mailed directly from your academic institution in a sealed envelope to the National University Registrar's Office. Transcripts from foreign institutions must be translated and evaluated from a foreign transcript evaluation service provider approved by NU.

**Unofficial transcripts will not be accepted.**

Submit the official transcripts to:

National University  
Office of the Registrar  
Department of Records  
9980 Carroll Canyon Rd  
San Diego, CA 92131

### **III. TOEFL Scores**

Applicants to the National University nursing programs who have graduated from foreign institutions of higher education at which English was the language of instruction, or who have successfully passed the NCLEX-RN or NCLEX-PN licensure examinations, will be permitted to waive the TOEFL English proficiency requirement.

### **IV. Personal Goals Statement**

The personal goals statement should be no more than two pages. It must be written in your own words. It should describe the applicant's:

- Interest in and potential for contributing to the field of nursing, and how the statement is aligned with the mission of NU and the Department of Nursing
- Career objectives, and
- Self-assessment of the applicant's interpersonal skills, verbal and written skills, computer skills, and general preparation for succeeding in a graduate program in nursing.

### **V. Recommendation Forms**

Submit three recommendation forms (required). These recommendation forms should preferably come from individuals who hold graduate or doctoral degrees. A form is provided at the end of this packet for you to use. Letters are accepted in addition to, but not in place of, the recommender forms.

**VI. Resume or Curriculum Vitae (CV)**

Submit a current resume or curriculum vitae attached to the application.

**VII. Application Deadline**

<b>Start Date</b>	<b>Application Deadline</b>
January 2019	Monday, November 26 <sup>th</sup>
July 2019	May 27 <sup>th</sup> , 2019

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**MSN Admission Requirements Checklist**

	Yes	No	Comments
Have completed the University Application for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements			
Hold a BSN degree from an approved and accredited school of nursing (i.e., State Board of Nursing, CCNE, and/or ACEN, or its equivalent, and regionally accredited university.			
Minimum of one year of clinical experience as RN or equivalent (evaluated on a case by case basis)			
Provide proof of a current, active, and unencumbered RN license in the state of residence and/or where the clinical preceptored placements will occur. ( <a href="http://www.nursesys.com">www.nursesys.com</a> )			
Have completed the following prerequisite courses: <ul style="list-style-type: none"> <li>• MTH 210 or an equivalent undergraduate course in statistics;</li> <li>• NSG 422 or an equivalent undergraduate course in nursing research methodology and its application;</li> <li>• A physical assessment course with lab within the past 5 year</li> </ul>			
Have a GPA of at least 3.0 on a 4.0 scale			
Provide three completed Recommender Forms			
Provide the NU Registrar with one official transcript from each college or university attended			
Provide a current professional resume			
Provide a professional goal statement			
Complete an admission interview (if applicable)			

**Master of Science in Nursing Program**  
**Application for Admission**

**Please select which of the following specialization tracts you are applying for:**

	Specialization in Nursing Informatics
	Specialization in Nursing Administration
	Specialization in Family Nurse Practitioner
	Specialization in Psychiatric/Mental Health Nurse Practitioner (Lifespan)

**Biographical Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Permanent Home Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different than permanent:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Use Mailing Address Until: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Citizenship Status:**

- U.S. Citizen
- U.S. Permanent Resident: Alien Reg. #: \_\_\_\_\_
- Non-Residential Alien Visa Type: \_\_\_\_\_

**Ethnicity (optional):**

- Asian/Pacific Islander
- American Indian/Alaskan Native
- Black/Non-Hispanic
- Latino/Hispanic
- White/Non-Hispanic
- Other

**Education:**

List all Colleges/Universities you have attended: (List most recent first)

Name	City/State/Country	From: Month/Year	To: Month/Year	Degree/Program Major

**Program Prerequisites:**

Please complete the MSN Course Waiver sheet.

**Employment: (List most recent first)**

Organization	City, State, Country	Title	Full-Time or Part- Time	Years Employed

1. How did you learn about NU's Graduate degree program?

- Website
- College Fair
- Conference
- NU Student
- NU Alumni
- Other (please explain): \_\_\_\_\_

2. Date you took or intend to take the GRE (optional): \_\_\_\_\_

3. Date you requested or intend to request GRE scores to be sent to NU (*optional*):  
\_\_\_\_\_
4. Have you previously applied to NU?  
 Yes, which year and term? \_\_\_\_\_  
 No
5. Will you need financial aid?  
 Yes  
 No
6. If yes, have you completed the FAFSA?  
 Yes  
 No
7. Have you ever been disciplined, suspended, or expelled for conduct code violations from a postsecondary educational institution?  
 Yes  
 No

If yes, please explain in 100 words or less:

**International Applicant Information:**

For applicants whose native language is not English or for those who have not earned a degree from an U.S. institution or passed the NCLEX and been licensed as an RN in the US:

Primary language: \_\_\_\_\_

Language used in college instruction: \_\_\_\_\_

Date you took or intend to take the Test of English as a Foreign Language (TOEFL):

\_\_\_\_\_

Date you requested or intent to request scores to be sent to NU:

\_\_\_\_\_

**Non-U.S. Citizens Only** (whether in this country or applying from abroad):

Type of Visa requested:

<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> J-1	<input type="checkbox"/> J-2	<input type="checkbox"/> H-1
<input type="checkbox"/> H-2	<input type="checkbox"/> B-1	<input type="checkbox"/> B-2	<input type="checkbox"/> Refugee/Asylee	<input type="checkbox"/> Other

Is this Visa currently held?

- Yes
- No

**Certification/Signature:**

*I certify that all the information I have provided on this application is complete, factually correct, and accurate. I understand that falsification, misrepresentation or omission of information on this application and/or my credentials may result in the denial or revocation of admission and if enrolled, will result in disciplinary action including dismissal from the National University School of Health and Human Services Department of Nursing.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Master of Science in Nursing Program**  
**Recommendation Form**

**SECTION I: APPLICANT INSTRUCTIONS:** Applicants to the Master of Science in Nursing Program are required to have three letters of reference that provide a professional evaluation of the applicant's potential for academic success in graduate study. These recommendation forms should preferably come from individuals who hold graduate or doctoral degrees. The applicant gives the Recommendation Form to each recommender who can send the form directly to [MSNprogram@nu.edu](mailto:MSNprogram@nu.edu).

Please print, sign, and date the following information and return to the above address.

APPLICANT NAME:

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Last

First

Middle

I hereby voluntarily waive and relinquish any right of access to this confidential recommendation form:

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Applicant Signature

Date

I retain my right of access to this Recommendation Form:

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Applicant Signature

Date



**National University**  
**School of Health and Human Services**  
**Department of Nursing**

**MASTER OF SCIENCE IN NURSING**  
**RECOMMENDATION FORM**

Date: \_\_\_\_\_

Dear Recommender:

You are receiving this message because the applicant below is applying for admission to National University's Master of Science in Nursing Program (MSN) and has chosen you to complete a recommendation form on his/her behalf.

Applicant's Name: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Program Specialization: \_\_\_\_\_

**Recommendation Instructions:** Recommendations are intended to provide a professional evaluation of the applicant's potential for academic success in graduate study. We are seeking applications from individuals who possess the intellectual and interpersonal qualities essential for an advanced practice nurse. We encourage your professional and personal candidness in providing an honest and thorough evaluation of the applicant. Please note that this recommendation form and its contents are kept confidential.

1. How long have you known the applicant and in what capacity?

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2. What do you consider are the strengths, talents, and/or characteristics of this individual?

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3. What do you consider are the limitations or areas in need of improvement for this individual?

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4. Please rate the applicant by checking the appropriate box for each appraisal category:

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1=Below Average, 2=Average, 3=Above Average, 4=Exceptional, 5-Inadequate Opportunity to Observe.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Interpersonal skills & ability work to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Additional Comments:**

Please comment on any other qualities/characteristics that you think we should take into consideration as we process their MSN application.

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**7. In summary, I would make the following applicant recommendation:**

Strongly Recommend     Recommend     Recommend with Reservations     Do Not Recommend

**Please Type or Print:**

Your Name & Academic Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this Recommendation Form to [MSNprogram@nu.edu](mailto:MSNprogram@nu.edu).

Thank you.

National University  
School of Health and Human Services  
Department of Nursing