



**National University**  
**College of Professional Studies**  
**Department of Nursing**

**(Accepting California and Texas Residents Only)**

**\*Master of Science in Nursing**  
Admission Application

\*Please note there is a separate application for **Post Graduate Certification** applicants

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 from a program that meets one of these criteria 1) State Board of Nursing approved, 2) Nationally accredited, 3) from a regionally accredited University/ School, if applicable.				
Provide proof of a current, active, and unencumbered RN license in the state of residence. ( <a href="http://www.nursys.com">www.nursys.com</a> )			License Number/State:	
Have a GPA of at least 3.0 in graduate course work, on a 4.0 scale. Applicants with a GPA of 2.5-2.99 will be considered by the MSN Admissions Committee on a case by case basis				
Provide two Letters of Recommendation - (LOR's), preferably from individuals who hold graduate or doctoral degree. (see attachments) *Not needed for NU recent graduates.				
Have sent to <a href="mailto:Records@nu.edu">Records@nu.edu</a> a set of all official transcripts from each college or university attended.				
Provide a current professional resume or CV. <b>RN-MSN Pathway applicant must specify prior learning experience in Leadership, Evidenced-base Practice, and Community Health if appropriate</b>				
Provide a professional goal statement.				
<b>For RN-MSN Pathway applicant, interview with MSN Program Director and Nursing Chair</b>				
<b>*NU candidates who are currently in the BSN program or recently graduated within two years ONLY need to complete the MSN Application for Admission. No CV, transcript, Resume/CV, LOR's, Professional Goal Statement required.</b>			License Number/State:	

**Application Deadlines and Start Dates:**

MSN Application Deadline	MSN Program Start Date:	RN-MSN Application Deadline	RN-MSN Program Start Date
1st Friday in November	January 4, 2021	1st Friday in August	Option 1 – November 22, 2021 Option 2 – September 27, 2021
1st Friday in May	July 6, 2021	1st Friday in March	Option 1 – June 1, 2021 Option 2 – April 5, 2021
1st Friday in November	January 3, 2022	1st Friday in November	Option 1 – November 21, 2022 Option 2 – September 26, 2022

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

**I. Completed Application Form**

Please submit this application and associated materials to your Enrollment Advisor. RN-MSN Pathway applicant must be referred to MSN Program Director [pmoranate@nu.edu](mailto:pmoranate@nu.edu).

**II. Post-Secondary Official Transcripts**

\***Official transcripts** from all college and/or universities attended must be mailed in a sealed envelope directly to:

National University Records Department  
9980 Carroll Canyon Road,  
San Diego, CA, 92131.

\*During COVID 19, please email official transcripts to [\*\*Records@nu.edu\*\*](mailto:Records@nu.edu).

**An unofficial set of transcripts** must be attached to your application packet when submitted.

(Transcripts from foreign institutions must be translated and evaluated from a foreign transcript evaluation service provider approved by NU)

**III. Personal Goals Statement**

The personal goals statement should be no more than two pages. It must be written in your own words and attached to your application prior to submission. 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.
- A 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.

**IV. Recommendation Forms (LOR's)**

Submit two recommendation forms (required). These recommendation forms should preferably come from individuals who hold graduate or doctoral degrees. They will be sent to you by your Enrollment Advisor (EA). ***Completed forms must be delivered back to your EA to be attached to your application packet prior to submission.***

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

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

**RN-MSN Pathway** applicant needs to specify prior learning experience in Leadership, Evidenced-base Practice, and Community Health if appropriate.

\*Please note only **complete applications** will be processed.

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

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

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

**RN Licensure:**

**In which states are you approved to practice as a Registered Nurse? (make sure to include CA and TX)**

\_\_\_\_\_

**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)

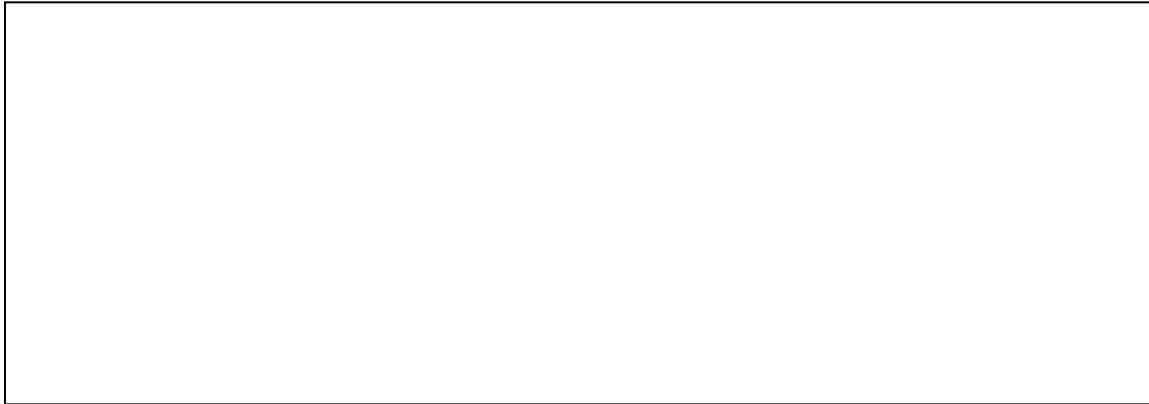
Name	City/State/Country	From: Month/Year	To: Month/Year	Degree/Program Major

**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:



**National University  
College of Professional Studies  
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: \_\_\_\_\_

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. Your relationship to applicant?

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

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

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

	1	2	3	4	5
Interpersonal skills & ability 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"/>

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

Strongly Recommend     Recommend     Recommend with Reservations     Do Not Recommend

**Please Type or Print:**

Revised 11/4/20

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

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

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

**Please return this Recommendation Form to Enrollment Advisor or to the applicant.**

Thank you.

**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 College of Professional Studies Department of Nursing.*

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

\_\_\_\_\_  
Date