



NATIONAL
UNIVERSITY

National University
College of Professional Studies
Department of Nursing

Master of Science in Nursing Application

(Accepting California and Texas residents ONLY)

Please note there is a separate application for PGC applicants

The Baccalaureate degree program in nursing, Master's degree program in nursing, and Post-Graduate APRN Certificate programs at National University is accredited by the Commission on Collegiate Nursing Education:

655 K Street NW, Suite 750
Washington, DC 20001, 202-887-6791

06/08/21



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) from a regionally accredited institution.			
Provide proof of a current, active, and unencumbered RN license in the state of residence. (www.nursys.com)			License Number/State:
Have a GPA of at least 3.0 in undergraduate or graduate course work, on a 4.0 scale. Candidates with a GPA below a 3.0 will be considered by MSN Admissions Committee on a case-by-case basis under conditional admission.			
Provide at least two Letters of Recommendation (LOR's) preferably from individuals who hold graduate or doctoral degrees (pg.).			
Provide all official transcripts to Records@nu.edu for evaluation AND attach unofficial BSN transcripts to the application.			
Provide a current professional resume or CV. RN-MSN Pathway applicants must specify prior learning experience in Leadership, Evidenced-Base Practice, and Community Health if appropriate.			
Provide a professional goal statement.			
Recent NU BSN graduates (w/in 2yrs): ONLY need to have the application E- form filled out, include their unencumbered RN license, and provide an updated resume. Must have passed the NCLEX and hold a valid, unencumbered RN license.			

MSN Program Application Deadline:	MSN Program Start Date:
April 2 nd , 2021	July 5 th , 2021
October 1 st , 2021	January 3 rd , 2022
April 1 st , 2022	July 5 th , 2022
October 7 th , 2022	January 2 nd , 2023

Orientation Dates (Mandatory Attendance to move forward):

- January 3rd, 2022 Start Date/**Orientation November 19th, 2021**
- July 5th, 2022 Start Date/**Orientation May 27th, 2022**
- January 2nd, 2023 Start Date/**Orientation November 18th, 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** applicants must provide a current resume and RN license to the Advisor. Advisor to forward to NEC.)

II. Post-Secondary Official Transcripts:

Please have Official transcripts sent directly to records@nu.edu If your school does not offer this option, please have official sealed transcripts mailed to:

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

Transcripts from a foreign institution must be vetted first by our foreign evaluations process which your Advisor will guide you through. This must be done in advance of submitting the Graduate Nursing Application.

III. Recommendation Forms:

Two Letters of Recommendation forms are required (pg.8-9). These recommendations should preferably come from individuals who hold graduate or doctoral degrees.

IV. Resume or Curriculum Vitae (CV)

Provide a current professional resume or curriculum vitae that specifies all prior college level education (including school and dates of attendance) and employment in nursing (including employer and job role).

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

V. Personal Goal Statement:

The personal goal statement should be no more than two pages. It should include your interest in and your 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.

Master of Science in Nursing Program Application for Admission

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

<input type="checkbox"/>	Specialization in Family Nurse Practitioner
<input type="checkbox"/>	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: _____ SS Number: _____

Marital Status: _____ Gender: _____

Place of Birth: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Employment (List most recent first):

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

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

2. How did you learn about NU’s Graduate degree program?

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

3. Date you took or intend to take the GRE (*optional*): _____

4. Date you requested or intend to request GRE scores to be sent to NU (*optional*): _____

5. Have you previously applied to NU?

- Yes, which year and term? _____
- No

6. Will you need financial aid?

- Yes
- No

7. If yes, have you completed the FAFSA?

- Yes
- No

8. 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 in the space provided or attach it separately:

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.



National University School of Health and Human Services
Department of Nursing

EMPLOYMENT 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/SID: _____

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?

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

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 skills:	<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.

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

- Strongly recommend Recommend With Reservation Strong Reservation

Please Type or Print:

Your Name & Academic Credentials: _____

Title: _____ Organization: _____

Signature: _____ Date: _____

***** Please return this Recommendation Form to the applicant *****

Thank you.