



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



Name of Student: _____ Student ID #: _____

MSN Admission Requirements Checklist – Please check off all documents - *Student is responsible to ensure ALL documentation is included and complete.*

	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 graduate course work, on a 4.0 scale. Candidates with a GPA of 2.5-2.99 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 (pp. 8-11).			
Provide all official transcripts to Records@nu.edu for evaluation AND attach unofficial BSN transcripts to the application.			
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 be utilizing their RN license OR have a valid letter of employment.			

MSN Program Application Deadline:	MSN Program Start Date:
Friday, September 2nd, 2022	January 3rd, 2023
Friday, March 3 rd , 2023	July 3 rd , 2023
Friday, September 1 st , 2023	January 8 th , 2024
Friday, March 1 st , 2024	July 8 th , 2024

Orientation Dates (Mandatory Attendance to move forward):

- January 3rd, 2023, Start Date/**Orientation: Friday, November 18th, 2022**
- July 3rd, 2023, Start Date/**Orientation: Friday, May 19th, 2023**
- January 8th, 2024, Start Date/**Orientation: Friday, November 17th, 2023**
- July 8th, 2024/**Orientation: Friday, May 24th, 2024**

Master of Science in Nursing Program Admission Requirements: (READ THOROUGHLY!)

I. Completed Application Form

Please submit this application and associated materials to **your Enrollment Advisor**.

II. Post-Secondary Official Transcripts

Official transcripts from all institutions attended must be mailed in a sealed envelope directly to:

National University Records Dept.
9980 Carroll Canyon Rd,
San Diego, CA, 92131

If your school has the electronic option to send official transcripts, please have them sent directly to <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. Recommendation Forms (LOR's)

Submit two recommendation forms (required). These recommendation forms should preferably come from individuals who hold graduate or doctoral degrees. **An example of this form is included in this application.**

Make sure to create a second blank for or ask you EA for a blank copy. Completed forms must be delivered back to your EA to be attached to your application packet prior to submission.

IV. 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.

V. 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.

Master of Science in Nursing Program Application for Admission

*****Make sure your handwriting is legible or application will be sent back to your Enrollment Advisor which will impact your acceptance and start date.*****

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 V i s a 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.

Applicant's Signature

Date



National University School of Health and Human Services
Department of Nursing

EMPLOYMENT RECOMMENDATION FORM #1

Please ensure recommendations are on these forms only. Other letter and/or forms will not be accepted.

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,

National University
Nursing Department



National University School of Health and Human Services
Department of Nursing

EMPLOYMENT RECOMMENDATION FORM #2

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.

6. Your relationship to applicant?

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

8. 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"/>

9. Additional Comments:

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

9. 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,

National University
Nursing Department