National University  
College of Health Professions  
Department of Nursing  

Master of Science in Nursing (MSN) Application  
2022 - 2024  

(Accepting California and Texas residents ONLY)  

***Please note there is a separate application for PGC applicants***  

Entire packet must be filled out completely and returned in ONE scanned form. Any incomplete packets will be returned  

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  

9/22/22
Name of Student: ___________________________  Student ID #: ___________________________

**MSN Admission Requirements Checklist**

Check off all documents – *Students are responsible to ensure ALL documentation is included and complete. Make sure all items are attached. Scan and send together in one document.*

**Incomplete or incorrect submissions will not be accepted.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Complete University Application for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements.</td>
<td></td>
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<tr>
<td>2. 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>) acquired through a BSN program meeting one of these criteria 1) State Board of Nursing approved, 2) from a regionally accredited institution</td>
<td>License Number/State:</td>
<td></td>
</tr>
<tr>
<td>3. 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.</td>
<td>GPA:</td>
<td></td>
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<tr>
<td>4. Provide at least two Letters of Recommendation (LOR’s) preferably from individuals who hold graduate or doctoral degrees (Forms included – see pg. 7-10).</td>
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<tr>
<td>5. Send all official transcripts to <a href="mailto:Records@nu.edu">Records@nu.edu</a> for official evaluation (in addition to unofficial set attached to application)</td>
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<td>6. Provide a professional goal statement (see pg. 3 for prompt and instructions).</td>
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</table>

**Recent NU BSN graduates (w/in 2yrs): ONLY need to have:**

1. Application

2. Provide an updated resume.

3. Provide current, unencumbered RN license number

4. Must be employed utilizing their RN license OR have a valid letter of employment.
<table>
<thead>
<tr>
<th>MSN Program Application Deadline:</th>
<th>MSN Program Start Date:</th>
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<tbody>
<tr>
<td>Friday, September 2(^{nd}), 2022</td>
<td>January 3(^{rd}), 2023</td>
</tr>
<tr>
<td>Friday, March 3(^{rd}), 2023</td>
<td>July 3(^{rd}), 2023</td>
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<tr>
<td>Friday, September 1(^{st}), 2023</td>
<td>January 8(^{th}), 2024</td>
</tr>
<tr>
<td>Friday, March 1(^{st}), 2024</td>
<td>July 8(^{th}), 2024</td>
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</table>

Orientation Dates according to start date (Mandatory Attendance to move forward):

<table>
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<tr>
<th>Start Date:</th>
<th>Orientation Date:</th>
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<tbody>
<tr>
<td>January 3(^{rd}), 2023</td>
<td>Friday, November 18(^{th}), 2022</td>
</tr>
<tr>
<td>July 3(^{rd}), 2023</td>
<td>Friday, May 19(^{th}), 2023</td>
</tr>
<tr>
<td>January 8(^{th}), 2024</td>
<td>Friday, November 17(^{th}), 2023</td>
</tr>
<tr>
<td>July 8(^{th}), 2024</td>
<td>Friday, May 24(^{th}), 2024</td>
</tr>
</tbody>
</table>

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

I. **Completed Application Form:**
Submit this application and associated materials to your Enrollment Advisor.

II. **Post-Secondary Official Transcripts:**
Send official transcripts 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

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

   (Transcripts from foreign institutions must be translated and evaluated from an approved evaluation agency).

III. **Personal Goals Statement:**
The personal goals 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.

IV. **Recommendation Forms:**
Two Letter of Recommendation forms are required (pg.8). These recommendations should preferably come from individuals who hold graduate or doctoral degrees.

   ***Completed documents must be delivered back to your Enrollment Advisor who will attach them to your application for submission***
Personal Information

Please either type or clearly write the information below:

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? (Must include CA or 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: __________

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):

<table>
<thead>
<tr>
<th>Organization</th>
<th>City, State, Country</th>
<th>Title</th>
<th>Full-Time FT</th>
<th>Part-Time PT</th>
<th>Years Employed</th>
</tr>
</thead>
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1. How did you learn about NU’s Graduate degree program?
   - Website
   - College Fair
   - Conference
   - NU Student
   - NU Alumni
   - Other (please explain): ________________________

2. Have you previously applied to NU?
   - Yes, which year and term? _________________
   - No

3. Will you need financial aid?
   - Yes
   - No

4. If yes, have you completed the FAFSA?
   - Yes
   - No

5. 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
EMPLOYMENT RECOMMENDATION FORM #1

** Please ensure recommendations are on these forms. No other forms or letters are necessary or will 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,

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>Works well with others and in a team:</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Good with making clinical decisions:</td>
<td>___</td>
<td>___</td>
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<td>___</td>
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<tr>
<td>Exudes a professional demeanor:</td>
<td>___</td>
<td>___</td>
<td>___</td>
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4. Additional Comments:

Please comment on any other qualities/characteristics that you think we should take into consideration as we process their Post Graduate Certificate 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
EMPLOYMENT RECOMMENDATION FORM #2

** Please ensure recommendations are on these forms. No other forms or letters are necessary or will 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.

4. Your relationship to applicant?
   _________________________________________________________________

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

6. 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,

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Works well with others and in a team: ______ ______ ______ ______ ______

Good with making clinical decisions: ______ ______ ______ ______ ______

Exudes a professional demeanor: ______ ______ ______ ______ ______
4. Additional Comments:

Please comment on any other qualities/characteristics that you think we should take into consideration as we process their Post Graduate Certificate 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