

**DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
PROGRAM APPLICATION**

1. Projected entrance into the program for Fall, 20____ Year ___Full-time ___Part-time
2. Clinical and Functional focus - Please indicate one: Nurse Administrator _____ Nurse Educator _____
Nurse Practitioner: Family_____
3. Student ID#_____ (Banner ID# or SS #) 4. Gender: Female _____ Male _____
5. Name_____

(Last)	(First)	(Middle)	(Other)*
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6. Current Mailing Address:_____

(Street)	(City)	
(State)	(Zip Code)	(County)
7. Home Phone_____ Business Phone_____ Cell Phone_____
8. E-mail Address_____ 9. Date of Birth_____
10. ****In order to accurately respond to requests from a variety of federal, state, and community entities, DSU asks you to answer the following two questions:**
 (a) Do you consider yourself to be Hispanic/Latino? Yes_____ No _____
 (b) In addition, select one or more of the following racial categories to describe yourself:
 American Indian or Alaska Native _____ Asian _____
 Black or African American _____ Native Hawaiian or Pacific Islander _____
 White _____
11. Have you previously applied or enrolled in the Delta State University Robert E. Smith School of Nursing? ___Yes ___No
If yes, list dates:_____ Under what name_____
12. The following statements, documents, and forms must be submitted by the appropriate deadline before this application for admission is considered. **It is the applicant's responsibility to ensure that all documentation is received in the Robert E. Smith School of Nursing.**
 - A. Admission to Delta State University through the Graduate and Continuing Studies. (**Official transcripts must be sent to the Graduate Admissions Office of the University**).
 - B. Advanced Role in Nursing statement as noted in this application.
 - C. Transcripts from all colleges and universities attended. A student entering the Robert E. Smith School of Nursing who wants to receive credit for prior nursing course(s) from another program must submit a request and credit be negotiated before admission to the School of Nursing and not after the student is enrolled.
 - D. Three current (<1 year) letters of professional/academic reference using Robert E. Smith School of Nursing criteria and forms. One reference must be academic in nature. (See #19 on this application for details.)
 - E. Copy of a current unencumbered registered nurse license to practice in the state in which the student will perform clinical.
 - F. GRE combined (verbal & quantitative) score ≥ 800 (≥ 280 on new test); analytical score ≥ 3.5 . Score must have been obtained in the past 5 years.
 - G. Resume as noted in this application.

NOTE: Applicants must complete an interview conducted by the Robert E. Smith School of Nursing faculty prior to admission. You will be contacted to schedule an interview date once your application packet is **complete and admission requirements met** in the Robert E. Smith School of Nursing.

*If the information necessary to process this application is located under a different name, please include such name(s) in the space provided.

**This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964. It in no way affects the processing of your application. The information will be used to determine the effectiveness of our recruitment efforts and the characteristics of students who are applying to the School of Nursing. This information is optional and will not affect your candidacy for admission.

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. This policy extends to all programs and activities supported by the University.

13. In the space below, list in chronological order, ALL colleges, universities and professional schools (include nursing) attended. (Include any you plan to attend prior to enrollment.) An OFFICIAL transcript from EACH college, university or professional school is required. Begin with the first school attended.

MONTH & YEAR ATTENDED FROM TO		NAME OF SCHOOL	LOCATION CITY,STATE,ZIP	MAJOR	DIPLOMA/DEGREE & DATE (CONFERRED OR EXPECTED)

(If additional space is necessary, use separate sheet)

14. List below all courses in progress or planned prior to enrollment.

TERM	YEAR	EXACT COURSE TITLE	COURSE NUMBER	SEM. CREDIT HRS	NAME OF SCHOOL

(If additional space is necessary, use separate sheet)

15. If you have been employed during or after college, or have served in the armed services, list your employers or military service and type of work in chronological order, starting with the most recent.

NAME OF FIRM OR ORGANIZATION	FROM	TO
Street Address	Month Year	Month Year
City and State	Title _____	
Name & Title of Immediate Supervisor	Job Duties _____	

NAME OF FIRM OR ORGANIZATION	FROM	TO
Street Address	Month Year	Month Year
City and State	Title _____	
Name & Title of Immediate Supervisor	Job Duties _____	

(If additional space is necessary, use separate sheet)

16. B.S.N. Degree: Year received _____ ACEN (formerly NLNAC)/CCNE Accredited Program ___ Yes ___ No
 Institution _____
 Was applicant an R.N. prior to receiving B.S.N. ___ Yes ___ No (Diploma _____ Assoc. _____ Year _____)

17. Basic Statistics: ___ Yes (Institution taken/Course #/Date _____)
___ No (Anticipated location and time of completion _____)

Research Course: ___ Yes (Institution taken/Course #/Date _____)
___ No (Anticipated location and time of completion _____)

Advanced Pathophysiology: ___ Yes (Institution taken/Course #/Date: _____)
___ No (Anticipated location and time of completion _____)

18. Licensure as a Registered Nurse in the U.S.A. or Territories (Nurse Practitioner applicants must have at least one year of continuous clinical nursing experience with patient contact as a Registered Nurse within the past three years. Nurse Administrator and Nurse Educator applicants must have at least one year of clinical nursing experience as a Registered Nurse.)

State(s) licensed in _____ License Number(s) _____

19. References for admission to the Graduate Program: Three current (<1 year) letter of professional/academic reference, using the Robert E. Smith School of Nursing criteria and forms attached. References should be from employers or persons from an academic program (basic or graduate) who can provide data on your professional competence (at least one reference must academic in nature). Applicants should send the request forms to the individuals they wish to provide references and indicate that they are to be returned directly to the Robert E. Smith School of Nursing. Applicant should follow-up with references to insure that they are received at the Robert E. Smith School of Nursing by the application deadline.

Please list the names of the persons whom you will ask to provide references (**at least one reference must be academic in nature**).

1. _____ (Academic _____ Professional _____)

2. _____ (Academic _____ Professional _____)

3. _____ (Academic _____ Professional _____)

I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that all required forms are submitted as promptly as possible. It is also my understanding that official transcripts sent from each institution attended must be received by application deadline and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing course work in progress after acceptance into the program must also be supplied.

I hereby make application to the Robert E. Smith School of Nursing and agree to abide by the regulations of the Robert E. Smith School of Nursing and to accept responsibility for payment of all charges incurred while I am a student. I further declare that the information on this application is complete and accurate, to the best of my knowledge. I understand that willfully withholding information or making false statements on this application may be used as the basis for denial of admissions or for the basis of dismissal if enrolled in the Robert E. Smith School of Nursing Program.

Signature of Applicant

Date

Return this Data Form to:

Delta State University
Robert E. Smith School of Nursing
P. O. Box 3343
Cleveland, MS 38733

Advanced Role in Nursing Statement and Resume

You must submit an Advanced Role in Nursing Statement and a Resume as part of your application to the Robert E. Smith School of Nursing MSN Program.

Advanced Role in Nursing Statement:

This narrative is a very important part of your application. The quality of the Advanced Role in Nursing Statement is often crucial in admission decisions, since it may provide the Graduate Faculty Committee members the only first-hand example of your writing skills and your ability to express your ideas in a clear, logical, and coherent manner.

Please address EACH of the following in your Advanced Role in Nursing Statement:

- a. Describe your understanding of the advanced role in your chosen area of concentration.
- b. Upon obtaining this degree/certification, discuss how you plan to utilize your knowledge to benefit the community of interest.
- c. Discuss/list any previous research projects and potential topic(s) of interest for the advanced role.
- d. Project your future career goals in the advanced role for the next five years.

Consider this your opportunity to communicate with the Graduate Faculty Committee members about your professional background and reasons for pursuing a graduate degree in the specified role concentration at this point in your career.

The Advanced Role in Nursing Statement should be **two to four typed, double-spaced pages** and should focus in detail on all the elements noted above. The document should be submitted with your application.

Resume:

Along with standard resume information (work experience, academic & continuing education, certifications, professional memberships [identify leadership roles, if applicable], and community service) include the following:

- RN license number (including state of licensure)
- Professional honors & awards

DELTA STATE UNIVERSITY
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 REFERENCE FOR THE MASTER OF SCIENCE IN NURSING PROGRAM

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Please return form to: Delta State University
 Robert E. Smith School of Nursing
 P. O. Box 3343
 Cleveland, MS 38733

Please evaluate the applicant to the Master of Science in Nursing Program at Delta State University on the following characteristics:

	<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No Information</u>
Overall Integrity	_____	_____	_____	_____	_____
Caring Attributes	_____	_____	_____	_____	_____
Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
Clinical Performance	_____	_____	_____	_____	_____
Potential for Advanced Nursing Practice	_____	_____	_____	_____	_____

I think that his/her grades do _____ do not _____ N/A _____ represent his/her level of ability.

How long have you known the applicant? _____

Under what circumstances? _____

Please make any comments that you think would assist faculty members in evaluating the candidate's application.
 (any additional comments attach)

Where would you rate the applicant regarding potential for graduate study?

____Recommend highly ____Recommend ____Recommend with reservations ____Not recommend

 Signature

 Date

 Name (Please Print)

 Institution/Agency

 Address

 City/State

 Telephone

 Email

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Caring Attributes	_____	_____	_____	_____	_____
Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
Clinical Performance	_____	_____	_____	_____	_____
Potential for Advanced Nursing Practice	_____	_____	_____	_____	_____

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 Institution/Agency

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Caring Attributes	_____	_____	_____	_____	_____
Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
Clinical Performance	_____	_____	_____	_____	_____
Potential for Advanced Nursing Practice	_____	_____	_____	_____	_____

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Signature

Date

Name (Please Print)

Institution/Agency

Address

City/State

Telephone

Email