

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
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Name & Title of Immediate Supervisor	Job Duties _____	

(If additional space is necessary, use separate sheet)

16. B.S.N. Degree: Year received _____ N.L.N./C.C.N.E. 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 ___No Institution taken at/Course #/Date _____
 Research Course: ___Yes ___No Institution taken at/Course #/Date _____

Advanced Pathophysiology: ___Yes ___No Institution taken at/Course #/Date: _____

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

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

19. References for admission to the Graduate Program: Three references, using Delta State University reference forms are required for all applicants to the graduate program. These should include academic references from your basic or graduate program or employers or persons from an academic program who can provide data on your professional competence. Appropriate forms are attached. 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 School of Nursing. Applicant should follow-up with references to insure that they are received at the School of Nursing by the application deadline.

Please list the names of the persons whom you will ask to provide references.

- 1. _____ (Academic _____ Professional _____)
- 2. _____ (Academic _____ Professional _____)
- 3. _____ (Academic _____ Professional _____)

Statement of Mission in Attending the Master of Science in Nursing Program at Delta State University:

Please type a statement of mission in attending the graduate program in nursing at Delta State University. Answer the following questions in your mission statement on no more than two (2) pages and attach to the application.

- 1. How will attaining a master of science in nursing degree enable you to contribute to the development of advanced practice nursing (MSN prepared) and professional nursing?
- 2. How will the acquisition of this degree assist you in contributing to the health of the community?
- 3. Describe how you will use the research and theory in advanced nursing clinical practice.
- 4. Project your future goals for advanced nursing practice for the next five years.

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 school 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 School of Nursing Program.

Signature of Applicant

Date

Return this Data Form to: Dean, School of Nursing
Delta State University
P. O. Box 3343
Cleveland, MS 38733

REFERENCE FOR THE MASTER OF SCIENCE IN NURSING PROGRAM
 DELTA STATE UNIVERSITY
 ROBERT E. SMITH SCHOOL OF NURSING

I, _____, am applying for admission to the Delta State University Robert E. Smith School of Nursing Graduate program. To assist the University in evaluating my application, will you please complete and return this reference to the address below. All completed forms will be treated confidentially.

Please return form to: Robert E. Smith School of Nursing
 Delta State University
 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:

	Exceptional	Above Average	Average	Below Average	No Information
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.

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

Revised 07/09

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Leadership	_____	_____	_____	_____	_____
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Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
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Signature

Date

Name (Please Print)

Institution/Agency

Address

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