
Date: _____ DSU Student ID (if applicable)/SSN: _____

Applicant's Full Name: _____

Please select which degree/certificate program you are applying.

_____ Master of Science in Nursing (MSN)

_____ Nurse Educator

_____ Family Nurse Practitioner

_____ Post Master's Certificate

_____ Nurse Educator

_____ Family Nurse Practitioner

_____ Doctor of Nursing Practice (DNP)

_____ BSN to DNP

_____ MSN [non-FNP] to DNP

_____ MSN [FNP] to DNP

Expected Enrollment Term: Fall 20_____

Part-time: _____ or Full-time: _____

Have you previously applied or enrolled in DSU's Robert E. Smith School of Nursing?

____ Yes If yes, list dates: _____

____ No

Under what name? _____

Education [An OFFICIAL transcript from EACH college, university or professional school is required]

Associate Degree in Nursing OR Diploma Nursing

Year received _____ Institution _____

Bachelor of Science in Nursing Degree

Year received _____ Institution _____

Master of Science in Nursing Degree

Year received _____ Institution _____

Licensure [upload current nursing license]

Current 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 Educator applicants must have at least one year of clinical nursing experience as a Registered Nurse.

State(s) licensed in _____ License

Number(s) _____

Certification [upload current certification]

Family Nurse Practitioner Certification (AANP or ANCC)

- **ONLY** required for students who hold national certification as a family nurse practitioner

List below all courses in progress or planned prior to enrollment, if applicable.

[illegible]

Covid Statement

While Delta State University (DSU) does not mandate the COVID-19 vaccine(s), healthcare agencies in which students perform clinical experiences are requiring proof of full vaccination. Some healthcare agencies are allowing medical and/or religious exemptions, however, DSU does not have an exemption process since the vaccine(s) are not mandated. Therefore, religious and/or medical exemption may be obtained only if the healthcare agency allows and approves. Due to limited clinical placement, faculty workload, and direct patient care requirements, alternative clinical sites/experiences will not be provided for students who are unvaccinated and/or unable to obtain a medical and/or religious exemption approval through a healthcare agency. If a student is unable to complete the required clinical hours for the program, the student will be unable to progress.

Application Verification

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.

Applicant Signature

Date

If you have additional questions regarding the application process, please contact us at nursing@deltastate.edu OR (662) 846-4255.