



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

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. ****

	Yes	No	Comments
1. Complete University Application for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements.			
2. Provide proof of a current, active, and unencumbered RN license in the state of residence (www.nursys.com) acquired through a BSN program meeting one of these criteria 1) State Board of Nursing approved, 2) from a regionally accredited institution			License Number/State:
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.			GPA:
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).			
5. Send all official transcripts to Records@nu.edu for official evaluation (in addition to unofficial set attached to application)			
6. Provide a professional goal statement (see pg. 3 for prompt and instructions).			
<p>**Recent NU BSN graduates (w/in 2yrs): ONLY need to have:</p> <p>1. Application</p> <p>2. Provide an updated resume.</p> <p>3. Provide current, unencumbered RN license number</p> <p>4. Must be employed utilizing their RN license OR have a valid letter of employment.</p>			

MSN Program Application Deadline:	MSN Program Start Date:
Friday, September 2 nd , 2022	January 3 rd , 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 according to start date (Mandatory Attendance to move forward):

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

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):

Organization	City, State, Country	Title	Full-Time FT Part-Time PT	Years Employed

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



National University School of Health and Human Services
Department of Nursing

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,

1 2 3 4 5

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



National University School of Health and Human Services
Department of Nursing

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,

1 2 3 4 5

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