

DELTA STATE UNIVERSITY
SCHOOL OF NURSING
GRADUATE PROGRAM APPLICATION

1. Projected entrance into the program for Fall, 20____ Year Full-time Part-time

2. Degree Objective: Master of Science in Nursing

3. Social Security No. _____ - _____ - _____
4. Gender: Female Male

5. Name _____

(Last)
(First)
(Middle)
(Other)**

6. Current Mailing Address: _____

(Street)
(City)

(County)
(State)
(Zip Code)
(Country)

Home Phone _____
Business Phone _____
During Hours _____

7. Permanent Mailing Address: _____

(Street)
(City)

(County)
(State)
(Zip Code)
(Country)

Phone _____
E-Mail address _____

8. Birth Date _____
9. Birth Place _____

(Month/Day/Year)
(City/State/Country)

10. U.S. Citizen? Yes No If yes, state of residence _____
 If no, type of visa _____ Country of citizenship _____

11. Ethnicity* (U.S. citizens/permanent residents): American Indian Asian American
 Black American Hispanic American Caucasian American Other _____

12. Have you applied to the Delta State University School of Nursing in prior years? Yes No
13. Have you enrolled in the Delta State University School of Nursing in prior years? Yes No
 If yes, list dates: _____
 Under what name: _____

14. Do you plan to apply for a Graduate Assistantship? Yes No
15. Do you plan to use veterans benefits? Yes No

16. Admission test information: Scores must be on file in the School of Nursing by application deadline.
 Graduate Record Examination Date taken _____ Score(if known) V _____ Q _____ A _____

17. Evidence of both professional nursing liability insurance and health insurance.

NOTE: Applicants must complete an interview conducted by School of Nursing faculty prior to admission. You will be contacted to schedule an interview date once your application is received in the School of Nursing, but must be scheduled before application deadline.

*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.

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

Revised: 07/04

18. 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)

19. 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)

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

NAME OF FIRM OF 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)

21. 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 _____)

Applicants must have at least two years of continuous clinical nursing experience as a Registered Nurse.

22. 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: _____
23. Licensure as a Registered Nurse in the U.S.A. or Territories (Must have at least two years of continuous clinical nursing experience as a Registered Nurse)
 State(s) licensed in _____ License Number(s) _____
24. Clinical and Functional focus: Below are the clinical and functional focuses presently being offered. Please indicate one:
 Family Nurse Practitioner _____ Nurse Educator _____ Nurse Administrator _____
25. 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 practice nursing for the next five years.

Type the mission statement separately, on no more than two (2) pages, and attach to the application.

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 have read the requirements to the graduate program in the School of Nursing. I CERTIFY that the information on this form is true and correct 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.

Date

Signature of Applicant

Return this Data Form to:

Dean, School of Nursing
 Delta State University
 P. O. Box 3343
 Cleveland, MS 38733

Revised 07/04

REFERENCE FOR THE GRADUATE NURSING PROGRAM
 DELTA STATE UNIVERSITY
 SCHOOL OF NURSING

I, _____, am applying for admission to the Delta State University 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: 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:

	<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.

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 07/04

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

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

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_____Recommend highly _____Recommend _____Recommend with reservations _____Not recommend

 Signature

 Date

 Name (Please Print)

 Institution/Agency

 Address

 City/State

 Telephone

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**INFORMATION ON
VERBAL SKILLS PROFICIENCY REQUIREMENT
FOR PROSPECTIVE APPLICANTS**

Proficiency in verbal skills is recognized as important to success in graduate school. Delta State University is committed to insuring that applicants to its graduate school possess such skills. All applicants who seek admission to a degree program (except EMBA) at the master's or educational specialist levels must demonstrate proficiency by performing at a satisfactory level on a nationally recognized, standardized test of verbal skills. Shown below are the tests which have been approved for this purpose and the scores needed to meet the requirement.

TEST	SCORE REQUIREMENT
Collegiate Assessment of Academic Proficiency (CAAP) (Writing Essay Test)	3
Graduate Record Examination (GRE) (Verbal Test)	370
Graduate Management Admissions Test (GMAT) (Essay Test)	3
Miller Analogies Test (MAT)	30
PRAXIS: Pre-Professional Skills Test (PPST) (Writing Test)	(to be determined)

Scores are sent to the Office of Counseling and Testing at Delta State University. Students must request that they be forwarded to the School of Nursing for inclusion in their admission file.

Further information on these tests is available through the Office of Counseling and Developmental Studies at Delta State University, Box 3303, Cleveland, MS 38733; or call (662) 846-4690.