

**Master of Science in Nursing – Nursing Administration Concentration
 APPLICATION FOR ADMISSION**

Post-Baccalaureate Option Post-Associate Option

Semester: Fall 20__ Spring 20__ Summer 20__

Please type or print

Print Name _____
 Last First Middle Maiden

Social Security Number _____ Date of Birth _____ Gender: Male Female

Address _____
 Number and Street City State Zip Code

Telephone Number _____ Cell Phone Number _____

If NOT permanent, the above contact information is effective until what date? _____

Permanent Address: (If different from current address, above)

Number and Street City State Zip Code

Email _____

EDUCATION*

List in reverse chronological order all postsecondary institutions attended. Use another piece of paper if necessary.

NAME OF INSTITUTION	CITY & STATE	DATES ATTENDED	MAJOR/DEGREE AWARDED	GRADUATION DATE

**Please arrange to have the Registrar of each institution send an official transcripts directly to Lincoln Memorial University, Caylor School of Nursing, Attn: MSN Admissions Committee (address above). Transcripts in a foreign language require a certified translation.*

OFFICIAL TEST SCORES for the GRE and for the iTOEFL (if applicable) must be reported to Lincoln Memorial University. If you did not originally do so, please contact the testing agency and arrange for an official report to be sent. I have taken the following standardized tests:

GRE: DATE: _____

Scores: General _____ Verbal _____ Quantitative _____ Analytical _____ Writing _____

TEST OF ENGLISH AS A FOREIGN LANGUAGE (iTOEFL): DATE: _____

Scores: Total _____ Speaking _____ Reading _____ Listening _____ Writing _____

If you have not yet taken the required tests, when do you plan to do so?

Planned GRE Date _____ Planned iTOEFL Date _____

Ethnicity (optional): _____

CITIZENSHIP (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? ___ Yes ___ No If no, Country of Birth: _____

Country of Citizenship: _____

Do you currently have a U.S. Visa? ___ Yes ___ No If yes, what type? _____ (Specify)

CONFIDENTIAL INFORMATION: Clinical placements may require background checks and drug screens. *In certain situations, investigative background reports are ongoing and may be conducted at any time. Access to the program may be denied at any time by the clinical agency or Lincoln Memorial University.*

Are you currently on probation, parole, under court restriction or have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, attach a letter of explanation.

Has any academic or disciplinary action been taken against you at any college or university you have previously attended? ___ Yes ___ No

If yes, attach a letter of explanation.

REFERENCES: On the application instruction sheet, you are asked to submit references from a minimum of three healthcare professionals. At least two must from be nursing professionals with graduate degree. Please list the name, address and position of each:

Name	Address	Position

Basic Life Support expiration date: _____ Advance Cardiac Life Support expiration date: _____

Pediatric Life Support expiration date: _____

LICENSURE INFORMATION:

An unencumbered Tennessee license is required prior to enrolling in clinical courses in Tennessee. Clinical placement in neighboring states may require additional licensure.

In which states are you licensed as a Registered Nurse?

State: _____ License Number: _____ Expires: _____

State: _____ License Number: _____ Expires: _____

Experience: Number of years/month _____ in adult acute care. Where _____

COMPLIANCE STATEMENT

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient for denial or dismissal from the program.

Signature _____ **Date** _____

Please send **ALL** completed application materials (this application, your letter, 3 sealed letters of reference, resume) along with a check for \$25 to: **Lincoln Memorial University, Caylor School of Nursing, Graduate Nursing Office, 6965 Cumberland Gap Parkway, Harrogate, Tennessee, 37752.**

Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.

How did you hear about our program? _____

For MSN Program: Graduate Nursing Student Applicant Rating Form

Section I (to be completed by Applicant): Complete this section before giving this form to the person who will evaluate you. Be sure to indicate whether or not you wish to waive your right to access this reference. Give this form and a business size envelope to the person. Arrange to have the individual return the completed form to you in the sealed envelope. Place all three completed and unopened recommendation forms and all other completed application documents in your application packet and mail to **Lincoln Memorial University, Caylor School of Nursing, Graduate Nursing Office, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.**

Print Name _____ Social Security Number _____
Last First Middle

Address _____
Number and Street City State Zip Code

Intended concentration _____ Expected Date of Admission _____

Name of Evaluator to whom you gave this form: _____

How long and in what capacity has this evaluator known you? _____

The Family Education Rights Act of 1974 and its amendments guarantee students access to their educational records. Students can choose to waive their rights of access concerning recommendations. Please indicate your wish by checking the appropriate place below and signing.

I waive my right to inspect this recommendation now and in the future.

I do not waive my right to inspect this recommendation.

Signature _____ **Date** _____

Section II (to be completed by Evaluator): This individual has applied for admission to the Masters of Science in Nursing program, Nursing Administration Concentration, at Lincoln Memorial University, Caylor School of Nursing.

The MSN Admissions Committee at LMU values your honest assessment of the applicant's suitability for graduate preparation as an advanced practice nurse. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may choose to return the form uncompleted. Please complete and sign this form, place it in the envelope, seal and sign the envelope across its seal, and return to the applicant. The applicant will mail the unopened recommendation, along with other application documents, to the Caylor School of Nursing.

How long and in what capacity have you known the applicant? _____

Please evaluate the applicant in the following areas:

INTELLECTUAL ABILITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

INTEGRITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

CLINICAL JUDGEMENT

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

EMOTIONAL MATURITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

DISPOSITION/ATTITUDE

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

COOPERATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

QUALITY OF WORK

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

WORK ETHIC

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

How would you rate this applicant in overall ability, motivation, and promise compared with other nurses with similar training and experience who wish to attend graduate school?

(Please circle the appropriate number below.)

4	3	2	1	0	NA
Equal to the best in any program	Will perform at a superior level in graduate school	Performance should be up to the average of most graduate nursing students	Qualifications are marginal, but warrants further consideration (explain below)	Questionable whether admission to graduate school is warranted (explain below)	Unable to judge

Remarks: _____

(may attach another sheet if necessary)

Signature _____ Date _____ Title _____

Highest Earned Degree: _____ Telephone _____

Email (optional): _____

Thank you for your assistance.

Please sign, date, & place in the envelope; then please seal & sign the envelope across its seal and return to the applicant.