



National University
School of Health Professions
Department of Nursing

Master of Science in Nursing (MSN) Application Packet

(Accepting California and Texas Residents ONLY)

Please complete application packet, attach ALL required documents, and return to advisor

MSN Program Application Deadline:	MSN Program Start Date:
Saturday, April 6 th , 2024	July 8 th , 2024
Saturday, October 5 th , 2024	January 6 th , 2025
Saturday, April 5 th , 2025	July 7 th , 2025
Saturday, October 4 th , 2025	January 5 th , 2026
Saturday, April 4 th , 2026	July 6 th , 2026

****NOTE: There is a separate application for PGC applicants****



The master's degree program in nursing at National University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.





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MSN ADMISSION REQUIREMENTS CHECKLIST

Instructions: Please check off all items – *Students are responsible for ensuring ALL documentation is complete and included in their application packet. The MSN Admissions Committee reserves the right to cancel any application packet that is incomplete and/or without ALL the required documents.*

	Complete	Comments
1. Complete University Application for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements.	<input type="checkbox"/>	
2. Provide proof of a current, active, and unencumbered RN license in the state of residence (CA or TX) acquired through a BSN program that meets one of these criteria: 1) State Board of Nursing approved 2) Regionally accredited University/School, 3) Nationally accredited nursing program, and meet the University requirements for graduate study, listed in the General Catalog under Academic Information for Graduate Degrees.	<input type="checkbox"/>	RN License #: 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.	<input type="checkbox"/>	BSN Cumulative GPA: School Name:
4. Complete the professional goal statement form found on pg. 5.	<input type="checkbox"/>	
5. Provide at two Letters of Recommendation (LOR's) preferably from individuals who hold graduate or doctoral degrees (forms provided for printing – see pg. 6-9).	<input type="checkbox"/>	
6. Attach unofficial transcripts from all previously attended colleges and universities to this application packet.	<input type="checkbox"/>	
7. Send all official transcripts for official evaluation to Records@nu.edu or National University Records Department 9388 Lightwave Ave San Diego, CA 92123	<input type="checkbox"/>	
<p>***Recent NU BSN graduates (w/in 2yrs) ONLY have to: ***</p> <p>1. Complete application packet pg. 2-4.</p> <p>2. Provide proof of current, unencumbered RN license.</p> <p>2. Attach an updated resume.</p> <p>3. Attach unofficial NU transcripts (please download from Student Portal)</p>	<input type="checkbox"/>	



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PERSONAL INFORMATION

Instructions: Please type the information below.

Specialization of Interest:

Family Nurse Practitioner

Psychiatric Mental Health
Nurse Practitioner

Biographical Information:

Full Name: _____

Student ID #: _____

Permanent Home 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:

Asian/Pacific Islander

American Indian/Alaskan Native

Black/African American

Hispanic/Latino/a

White/Caucasian

Option to type: _____

Prefer not to respond

Gender:

Female

Male

Non-binary/non-conforming

Option to type: _____

Prefer not to respond

Education History: (Beginning with your most current school, please list the past three schools you have attended)

Institution	State/Country	Degree Awarded	Graduation Date

Employment History: (Beginning with your most current or recent position, please list the past three positions you have held, or the last ten years of employment you have held)

Organization	State/Country	Title	Employment Dates

CERTIFICATION: *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.*

Student's Signature

Date



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PROFESSIONAL GOAL STATEMENT

Instructions: In the space below, please provide a statement that will give the MSN Admissions Committee a better understanding of: (1) Why you are choosing this particular program of study; (2) What you expect to derive from your program of study; and, (3) What you expect to contribute as a member of the profession.



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LETTER OF RECOMMENDATION FORM #1

Instructions: Please print clearly and fill in the information below. Be sure to provide a wet signature upon completion and return this document to the applicant.

Dear Recommender,

You are receiving this message because the applicant below is applying for admission to National University’s Master of Science in Nursing (MSN) Program and has chosen you to complete this recommendation form on his/her behalf.

Applicant’s Name: _____

Program Specialization: _____

Purpose of Recommendation Form: Recommendations are intended to provide a professional evaluation of the applicant’s potential for academic success in a graduate program of 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.

1. What is your relationship to the applicant?

2. What do you consider are the limitations or areas in need of improvement for this individual?

3. Please rate the applicant on each appraisal category:

1=-Inadequate Opportunity to Observe, 2=Below Average, 3=Average, 4=Above Average, 5=Exceptional

Works well with others and in a team: _____

Good with making clinical decisions: _____

Exudes a professional demeanor: _____

4. Please comment on any other qualities/characteristics that you think we should take into consideration:

5. In summary, I would make the following applicant recommendation:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly recommend | Recommend | With Reservation | Strong Reservation |

Your Name & Academic Credentials: _____

Title: _____ Organization: _____

Signature: _____ Date: _____

Thank you,

National University
Department of Nursing



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LETTER OF RECOMMENDATION FORM #2

Instructions: Please print clearly and fill in the information below. Be sure to provide a wet signature upon completion and return this document to the applicant.

Dear Recommender,

You are receiving this message because the applicant below is applying for admission to National University’s Master of Science in Nursing (MSN) Program and has chosen you to complete this recommendation form on his/her behalf.

Applicant’s Name: _____

Program Specialization: _____

Purpose of Recommendation Form: Recommendations are intended to provide a professional evaluation of the applicant’s potential for academic success in a graduate program of 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.

1. What is your relationship to the applicant?

2. What do you consider are the limitations or areas in need of improvement for this individual?

3. Please rate the applicant on each appraisal category:

1=Inadequate Opportunity to Observe, 2=Below Average, 3=Average, 4=Above Average, 5=Exceptional

Works well with others and in a team: _____

Good with making clinical decisions: _____

Exudes a professional demeanor: _____

4. Please comment on any other qualities/characteristics that you think we should take into consideration:

5. In summary, I would make the following applicant recommendation:

Strongly recommend Recommend With Reservation Strong Reservation

Your Name & Academic Credentials: _____

Title: _____ Organization: _____

Signature: _____ Date: _____

Thank you,

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