

MURRAY STATE UNIVERSITY
DEPARTMENT OF NURSING
MASTER OF SCIENCE IN NURSING PROGRAM
APPLICATION FOR ADMISSION

Please mark the option for which you are applying:

- Clinical Nurse Specialist
 - Thesis Option
 - Research Project Option
- Clinical Nurse Specialist--APN, BSN
- Family Nurse Practitioner
- Post Master's FNP Certificate
- Nurse Anesthetist

Full Name: _____

Address: _____
Street City State Zip

Telephone: Work: (____) _____ Home: (____) _____

From which School of Nursing did you graduate? _____

Was the program NLNAC/CCNE approved? Yes____ No____ Don't know____

Address: _____

Date of Graduation: _____ Degree: _____

Member of Sigma Theta Tau? Yes No

Current state of registration: _____ License: _____

College or University if different from Nursing School: _____

Degree: _____ Date of graduation: _____

Address: _____

ACLS certification date (Nurse Anesthetist option only): _____

If you have had any experience, professional or business, give facts and dates include present place of employment first (all options):

Three reference forms are included in the application package. Following the signing of the waiver of access, the applicant is to forward the reference forms with stamped, addressed envelopes to his/her references. Upon completion of the reference form it should be returned to the address below. References should include an immediate supervisor, ** a faculty member from the School of Nursing attended and one other professional reference. Send all correspondence to:

Department of Nursing
Graduate Coordinator
Murray State University
P.O. Box 9
Murray, KY 42071

Please list the names of your references below:

1. _____
2. _____
3. _____

Have you ever had your nursing license revoked/suspended? Yes_____ No_____

If so explain: _____

Have you ever been convicted of a felony? Yes_____ No_____

If so, explain: _____

Signature of applicant: _____

**for Post-Master's FNP option, faculty member from the graduate school attended

Deadline date for submitting all application materials:
NA option - September 15
CNS, FNP options - April 15

MURRAY STATE UNIVERSITY
DEPARTMENT OF NURSING
MASTER OF SCIENCE IN NURSING PROGRAM
REFERENCE

Please mark the option for which you are applying:

- Clinical Nurse Specialist in Adult Nursing
 - Thesis Option
 - Research Project Option
- Clinical Nurse Specialist--APN, BSN
- Family Nurse Practitioner
- Postmaster's FNP Certificate
- Nurse Anesthetist

SECTION 1 (to be completed by applicant)

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the recommendation.

SOCIAL SECURITY NUMBER (leave blank if you do not have a U.S. Social Security Number)

____ _ -- ____ _ -- ____ _

APPLICANT NAME: _____
Last (Family Name) First Middle Other Last Name

NAME OF REFERENCE: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding the recommendation.

I waive my rights to inspect the contents of the recommendation.

I do not waive my rights to inspect the contents of this recommendation.

Signature Date

Signature Date

SECTION 2(to be completed by reference)

The Department of Nursing will value your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

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

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and formulate a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION

You can see that we are greatly interested in obtaining an accurate profile of the applicant's capability for graduate study. We realize that check-off items sometimes do not provide you the opportunity to characterize the applicant's intellectual capability, motivation for seeking graduate education, and likely tenacity in following through with the opportunity for graduate education (e.g. perseverance, work habits, organization). In addition, as the applicant is applying to a professional curriculum, we are interested in your comments about the applicant's significant professional attitudes and behaviors.

Your overall assessment of the applicant as to his or her ability to complete an advanced academic degree:

Recommend without reservation Do not recommend

Recommend with reservation

Signature _____ Date _____

Please print name _____

Institution _____

Your Position _____ Telephone (_____) _____
Area Code

Please place the completed form in the addressed and stamped envelope provided by the applicant.