



MURRAY STATE UNIVERSITY

School of Nursing and Health Professions

APPLICATION FOR ADMISSION TO NURSING

Chairman, Admissions Committee
School of Nursing 120 Mason Hall
Murray State University
Murray, KY 42071

*Completed applications are due May 1 for Fall Admission and December 1 for Spring Admission.
Incomplete or late applications will not be considered for admission.

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE# _____

MSU ID/M# _____ E-MAIL _____

To be eligible to apply for admission, it is the student's responsibility to see that the following application and requirements are completed:

- Current enrollment in Murray State University
- Most recent transcripts from MSU or other institutions on file in the Registrar's office and updated on myGate.
- Minimum cumulative G.P.A. of 3.0 and 47 credit hours
- Completed all prerequisite courses, with a grade of "C" or higher.
- An understanding that admission is limited and selection is based upon a point system.
This point system will include G.P.A. and grades for prerequisite courses.
(A rubric can be found on the MSU School of Nursing website.)
- Upon your acceptance, written proof of the following will be required to be submitted to the MSU School of Nursing
 - Measles, Mumps, Rubella (MMR) vaccine series (2 injections)
 - Tetanus, Diphtheria and Pertussis (Tdap) vaccine (single injection)
 - Varicella vaccination series (2 injections) or Varicella Titer
 - Hepatitis B vaccine series (3 injections)
 - Polio vaccination series (4 injections)
 - COVID – 19 vaccination series (or proof of exemption)
 - Two step TST or BAMT for TB Testing
 - Seasonal Influenza vaccine
 - American Heart Association BLS CPR and AED certification
- Upon you acceptance, a criminal background check and drug screen will be administered by Verified Credentials. Verified Credentials information will be included in Acceptance Letter.

Date: _____ Signature _____

Date: _____ Advisor's Signature _____

Retaking Course: _____ for change of grade.

Taking: _____ at a community college this semester.

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Provide copies of official records (with facility name/healthcare provider/date of results/patient name/date of birth) for the following vaccinations, tests, or titers:

MMR (Measles, Mumps, Rubella) _____

Varicella _____ or Varicella Titer: Date Results

(Student with a history of Chicken Pox will need Varicella titer)

Hepatitis B _____

Polio _____

COVID – 19 Vaccine (date and manufacturer): _____
(or Proof of Exemption)

Tdap (within 10 years) _____

Two step TST results or BAMT Result _____

TB: _____
Date Results

TB: _____
Date Results