



APPLICATION FOR MSN ADMISSION

MASTER OF SCIENCE IN NURSING

To which program are you applying: Check One: Adult Nurse Practitioner Online Health Care Systems Management Family Nurse Practitioner On-campus Health Care Systems Management

When do you wish to begin the program? Year _____ Semester _____

PERSONAL INFORMATION

1. Name _____
Last First Middle/Maiden

2. Social Security Number _____ Female Male

3. Address _____
Street City/State Zip

Home Phone () _____ Business Phone () _____ Email Address _____

4. Employer Name & Address _____

5. Date of Birth _____ Place of Birth _____ Country of Citizenship _____

6. Type of Visa or Permanent Resident Card Number (if not a U.S. Citizen) _____

7. Registered Nurse License: State _____ Number _____

8. Have you taken the GRE, MAT, or GMAT: Yes No If not, when are you scheduled to do so: _____

MAT Score: _____ GMAT Score: _____

GRE Score Verbal: _____ Analytical: _____ Quantitative: _____

9. Background (voluntary-will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.)

- American Indian Asian American African American/Black
- Caucasian/White Hispanic Other

10. Religious Denominational Preference (voluntary-will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.)

11. List the total number of undergraduate semester hours of course work (graded C or higher) you have in each of the following categories:

NP Applicants Only:

Anatomy & Physiology 6 crs. yes _____ no
Where?

Microbiology 3 crs. yes _____ no
Where?

General Chemistry 3-6 crs. yes _____ no
Where?

All Applicants:

Statistics yes _____ no
Where

EDUCATIONAL BACKGROUND

Beginning with most recent, list in chronological order every college/university you have attended. If a degree is pending, indicate the date on which it will be awarded. You must submit official transcripts from each college or university you have attended.

List other name(s) under which credentials may be received: _____

School Name	Location	Dates Attend	Degree /Year

PROFESSIONAL / WORK EXPERIENCE

Beginning with most recent, list in chronological order positions held in clinical nursing. Complete this section in lieu of resume.

Employer / Location	Position Held	Dates

OTHER INFORMATION

1. Does your employer have a tuition reimbursement program for which you will be eligible while enrolled in the MSN program?

Yes No Uncertain

2. Do you plan to apply for financial assistance (including loans)?

Yes No Uncertain

3. How many hours per week do you plan to work (paid employment) while enrolled in the MSN program?

If you have attended Loyola University, please sign below indicating your permission for release of your transcripts to the Office of Admissions.

Signature Date

I certify that the information on this application is accurate and complete. I acknowledge that any omissions or inaccurate information could jeopardize my standing with Loyola University New Orleans.

Signature Date

RETURN TO GRADUATE ADMISSIONS, NURSING DEPARTMENT:

6363 ST. CHARLES AVENUE, BOX 14 • NEW ORLEANS, LOUISIANA 70118 • Phone: 504-865-3142 • Fax 504-865-3254

IMPORTANT:
Please attach to this application:
1.) A well thought out, type-written, double-spaced goal statement approximately one page in length describing career goals and interest in graduate education.
2.) \$20 application fee (check made payable to Loyola University).