

**Marshall University College of  
Health Professions School of  
Nursing  
Master of Science in Nursing Program Application**

MUID#: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
Last First Middle/Maiden  
Address: \_\_\_\_\_  
Street/PO Box City State Zip County  
Country (if not US) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Optional  
Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Indicate Desired Program and Area of Emphasis**

- |   |  |
|---|--|
| <input type="checkbox"/> Master of Science in Nursing Program | <input type="checkbox"/> Post Master's Certificate Program |
| <input type="checkbox"/> Family Nurse Practitioner            | <input type="checkbox"/> Family Nurse Practitioner         |
| <input type="checkbox"/> Nurse Midwifery*                     | <input type="checkbox"/> Nursing Administration            |
| <input type="checkbox"/> Nursing Administration               | <input type="checkbox"/> Nursing Education                 |
| <input type="checkbox"/> Nursing Education                    |  |
| <input type="checkbox"/> Psychiatric Mental Health NP         |  |

Admission Requested for Fall/Spring of \_\_\_\_\_ Admission Requested for Site: \_\_\_\_\_  
(Circle One) (Year) Huntington, MOVC, S. Charleston, Beckley, Bluefield

**Summary of Work Experience on Admission**

Years employed in nursing: \_\_\_\_\_ Current Setting:  Urban  Rural  Underserved  
Current position: \_\_\_\_\_ County Employed: \_\_\_\_\_  
Current specialty: \_\_\_\_\_

**Information to be Included on Attached Resume**

1. Educational Background (list in reverse chronological order):
  - a. Institution and address
  - b. Degree awarded
  - c. Dates attended (from MM/DD/Year to MM/DD/Year)
  - d. Was this nursing program NLNAC or CCNE accredited at time of your graduation (Y/N)
2. Professional Background (list in reverse chronological order):
  - a. Institution and address
  - b. Position held
  - c. Dates of employment (from MM/DD/Year to MM/DD/Year)
  - d. Reason for leaving
3. Professional Licensures and/or Certifications (if any)
4. Professional Organization Membership(s)
5. Community Service Projects
6. Honoraries and/or Awards Received (if any)

I verify that the submitted information is correct. \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Submit all applications and materials to: Marshall University Graduate College  
Attn: Office of Admissions  
100 Angus E. Peyton Drive  
South Charleston, WV 25303-1600

Note: MU Graduate Admission Application must be submitted in addition to this application by the application deadline of September 15 or March 15.

**\*All candidates for Nurse-Midwifery and Psychiatric Mental Health Nurse Practitioner MUST complete an interview with the MSN Graduate Program Director at Marshall and with Shenandoah University.**