

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

Legal Name: _____

Address: _____

Country (if not US) _____ Date of Birth _____ Gender _____ Ethnicity _____

Email Address _____ Phone number _____

Indicate Desired Program and Area of Emphasis

Master of Science in Nursing Program Post Master's Certificate Program

Family Nurse Practitioner Family Nurse Practitioner

Nurse Midwifery*

Psychiatric Mental Health NP*

Admission Requested for Fall/ Spring of _____ (Year)

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. Degrees awarded
 - c. Dates attended (from MM/DD/ Year to MM/DD/Year)
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 Memberships
5. Community Service Projects
6. Honorariums and /or Awards Received (if any)
7. I took 3 credits of research from _____ Grade _____ Semester completed _____
8. I took 3 credits of statistics from _____ Grade _____ Semester completed _____

I verify that the submitted information is correct. _____ Date _____

Submit all applications and materials to: Marshall University Graduate College

Attn: Office of Admissions

One John Marshall Dr

Old Main B19

Huntington, WV 25755

Note: All Candidates for Nurse Midwifery and Psychiatric Mental Health Practitioner MUST complete and interview with Shenandoah University.