

**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, Point Pleasant, 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. Honorariums 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 Oct. 1 and/or April 1.

***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.**

Marshall University
College of Health Professions
School of Nursing
Validation of Unencumbered RN Licensure

I verify that _____

Social Security Number: _____ possesses a current un-encumbered
license to practice as a registered nurse in the state of
_____.

The license number is _____ and will expire on _____.

Name of RN Supervisor _____

Title _____

Place of Employment _____

Address _____

Phone _____

RN Supervisor Signature _____

Today's Date _____

NOTE:

- New graduate students must return this form with their application to

Graduate Admissions Office
Marshall University
100 Angus E Peyton Drive
South Charleston, WV 25303-1600

MARSHALL UNIVERSITY
SCHOOL OF NURSING
MSN APPLICANT ADMISSION CHECK SHEET

APPLICANT NAME _____ MUID _____

REQUIREMENTS:

_____ Application to Graduate College

_____ Application to MSN program

_____ All official transcripts sent to Graduate College

_____ BSN from an Accredited Program

_____ UG 3 credit course for basic statistics (200 level or higher) with grade of "C" or better

List course/number/name/semester/school/grade _____

_____ UG 3 credit course for basic research with grade of "C" or better

List course number/name/semester/school/grade _____

_____ Evidence of current unencumbered license as RN in US jurisdiction

_____ Site for classes/clinical: Huntington, Point Pleasant, South Charleston, Beckley or Bluefield

_____ Interview with SU Midwifery Faculty for MU-SU Collaborative Midwifery Program OR SU Psychiatric Mental Health Nurse Practitioner Faculty for MU-SU Collaborative Psychiatric Mental Health Nurse Practitioner Program (*To be completed after admitted*)

SCHOLASTIC ACHIEVEMENT:

GPA FOR BSN: _____ GRE: _____

_____ GPA of 3.25 or higher (GRE waived)

_____ GPA 3.0 – 3.24 & a combined GRE score of 291-304 & Analytical Writing Score of 3 or higher

_____ GPA 2.5 – 2.99 & a combined GRE score of 305-336 & Analytical Writing Score of 3 or higher

OR

_____ GPA 3.0 – 3.25 & GRE 800 (total 2 subsets) & Analytical Writing Score of 3 or higher

_____ GPA 2.5 – 2.99 & GRE 1000 (total 2 subsets & Analytical Writing Score of 3 or higher