

**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)
7. I took 3 credits of research from _____
Institution Grade Semester completed
8. I took 3 credits of statistics from _____
Institution Grade Semester completed

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 Sept. 15 and/or March 15.
***All candidates for Nurse-Midwifery and Psychiatric Mental Health Nurse Practitioner MUST complete an interview 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