



School of Nursing

MASTER OF SCIENCE IN NURSING APPLICATION FOR ADMISSION

291 SPRINGFIELD STREET • CHICOPEE MA 01013-2839
413-265-2445 • FAX: 413-265-2459 • WWW.ELMS.EDU

INFORMATION AND INSTRUCTIONS

The School of Graduate and Professional Studies recommends you familiarize yourself with individual graduate programs, their requirements and other pertinent information contained in the catalog. **Mail application materials to the School of Graduate and Professional Studies, Elms College, 291 Springfield Street, Chicopee, MA 01013-2839**

Application Fee

There is a one-time, non-refundable, application fee of \$30. Please make checks payable to Elms College.

Records and Confidentiality

Any and all information submitted with this Application for Admission becomes the property of Elms College. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your application materials will be kept confidential within the confines of Elms College. For further information regarding FERPA, please see the Graduate Student Catalog.

Financial Assistance

The Financial Aid Office can assist students with information on loans, grants and scholarships. Call the Financial Aid Office to receive information on the Free Application for Federal Student Aid (FAFSA) at (413)265-2249. Elms College's school code is 002140. The FAFSA does not apply to International Students.

International Students

International students, who are not United States citizens or permanent resident aliens, must submit an F-1 Visa Request Form and supporting documents. For those students, whose native language is not English, the Test for English as a Foreign Language (TOEFL) is required. Elms College's board number for the TOEFL exam is 3283. For further information, please contact the Division of Graduate Studies and Continuing Education (413) 265-2445.

International Student Admission

International students are encouraged to apply to the Elms College graduate programs. International applicants must score at least 550 on the test of English as a Foreign Language (TOEFL) and be eligible for licensure as a Registered Nurse in Massachusetts. In addition to the usual application materials, international applicants must complete a "Foreign Student Application Package" and abide by all relevant immigration regulations.

Advising

Upon acceptance of the applicant, the director of the MSN program assigns an initial advisor. Prior to the first registration, students are expected to meet with their advisor to develop a program of study. MSN/MBA dual degree candidates, upon acceptance, will also be assigned an initial business advisor.

Application for Admission Deadlines

Elms College has a rolling admissions policy for graduate students allowing students to apply for admission anytime during the year. Rolling admission eliminates specific deadlines for applications but students are encouraged to apply early.

Academic Requirements

MSN and Certificate Candidates

Candidates seeking a MSN or Certificate must possess a baccalaureate degree in nursing from a nationally accredited school of nursing; undergraduate grade point average of a minimum of 3.0 on a 4.0 scale; or completion of 6 credits at the graduate level with an average of 3.0 or higher is required.

RN-BS-MSN Candidates

RNs seeking both the baccalaureate and masters degree may enroll in the RN-BS-MSN option. Applicants are required to be a graduate of an accredited school of nursing and meet the requirements for the RN-BS Program. For specific admission requirements, contact the RN-BS program director.

RN-MSN Candidates

RNs seeking an accelerated program of study may enroll in the RN to MSN track. Applicants are required to have an Associate Degree in Nursing (ADN) or nursing diploma from a professionally accredited institution and a Baccalaureate degree in a discipline other than nursing from an accredited institution.

Nursing Licensure Requirements

All applicants must be licensed as a Registered Nurse in Massachusetts upon application or within the first semester of study.

Required Application Documentation

- Two letters of recommendation, preferably from an academic source and from the administrator or manager in the most recent nursing position.
- Official transcripts from all undergraduate programs and graduate level courses.
- Successful completion of a three-credit statistics course with a final grade of at least a C+.
- Current résumé that includes prior education and work experience.
- Writing sample reflecting graduate learning goals and reasons for applying to the Elms MSN Program (maximum 3 pages); MSN/MBA dual degree candidates are to include professional goals and the reasons for apply to the MBA program.
- Proof of licensure as an RN; RN-MSN candidates must supply this proof within the first semester of enrollment.

Informational Interview

All candidates are required to complete an informational interview with the director of the MSN program or member of the graduate faculty prior to consideration for acceptance.

MSN/MBA dual degree candidates must also complete an informational interview with the director of the MSN program, and the director of the MBA program, or member of the graduate faculty prior to consideration for acceptance.

Admission Requirements for Nursing Certificate Program

Requirements for the certificate program are the same as those listed for the MSN program.

Transfer Credits

After formal admission into an Elms College graduate program, students may transfer up to nine (9) credits of appropriate graduate level course work from other accredited institutions from non-degree graduate programs. The courses must carry at least a B (3.0) grade. Each course being transferred must be judged by the department to be similar to a required course, or appropriate as an elective course. The course must not have been used to complete degree requirements at another institution.

Applying Certificate Program Credits to the MSN Program

Credits successfully completed in the Elms College Nursing Certificate Program may be transferred into the MSN program if the student enrolls in the MSN program.

Name: _____
(name of applicant)

NURSING GRADUATE APPLICATION FOR ADMISSION

Personal Information Date: ___/___/___

Semester of Proposed Entrance: Fall Spring Summer Year _____

Name: _____
Last Name/Family Name First Middle

Other Names (for transcript purposes only): _____

Gender: Female Male

Social Security Number (for internal purposes only) : _____ Date of Birth: ___/___/___

By checking this box I agree that I have read and understand the following statement. Section 6109 of the Internal Revenue Code requires you to give Elms College your social security number (SSN) or taxpayer identification number (TIN) to allow Elms College to file certain information with the IRS. You have the right to refuse to provide this information; however, failure to furnish your SSN or TIN to Elms College may subject you to penalty by the IRS.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country _____

Email address: _____

Work telephone: (____) _____ Home telephone: (____) _____ Cell Phone: (____) _____

ADDITIONAL MAILING INFORMATION

Do you have a second mailing address, which would facilitate you receiving important correspondence from Elms College? Yes No

If yes, is this address a temporary address or a permanent second address? Temporary Permanent

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country _____

Telephone: (____) _____ Start date of second address: ___/___/___ End date of Second Address: ___/___/___

CITIZENSHIP: Please choose one option below

Are you a citizen of the United States? Yes No

If not a United States citizen, and currently in the United States, what is your Visa type? F J H Other: _____

Please submit a copy of current visa page from your passport with this application.

If not a United States resident, and a permanent resident of the United States, do you hold an Alien Registration Receipt Card (Green Card)?

No Yes, please enclose a photocopy of both sides of your Alien Registration Card. _____ Alien Number

What is your first language if not English? _____

The following questions are optional

Place of birth _____ Religious preference _____

Mother's place of birth _____ Father's place of birth _____

What is your first language, if other than English? _____

Is another language spoken at home? _____ If yes, what language? _____

How would you describe yourself? Check any that apply

Native American /Alaskan Native (tribe _____)

Mexican American, Mexican

Native Hawaiian, Pacific Islander

African American, Black (country _____)

Asian American, Asian, Indian sub continent (country _____)

White, Anglo, Caucasian

Hispanic, Latin, Puerto Rican (country _____)

Other (specify _____)

Name: _____
(name of applicant)

EMERGENCY CONTACT INFORMATION

Please provide information for one of the following (check one): Spouse Partner Parent Other _____

Ms./Mr./Mrs. _____
(circle one) Last Name/Family Name First Name Middle

Street Address: _____

City: _____ State Zip Country

Telephone : () _____

Degree to which you are applying:

- MSN Area of Focus: Nursing Education Nursing and Healthcare Leadership School Nursing
 Certificate Area of Focus: Nursing Education Nursing and Healthcare Leadership School Nursing
 RN-BS-MSN Area of Focus: Nursing Education Nursing and Healthcare Leadership School Nursing
 MSN/MBA with a concentration in Nursing and Health Services Management/Healthcare Leadership
 RN-MSN Area of Focus: Nursing Education Nursing and Healthcare Leadership School Nursing

How did you hear about the Elms College MSN Program? _____

Have you previously applied to Elms College? Yes No If yes, when? _____

Have you previously attended Elms College? Yes No If yes, dates attended _____ Degree Obtained _____

Are you seeking graduate transfer waiver/credit? Yes No

If yes, from which institution(s)? _____

To what other graduate programs have you applied other than Elms College? _____

ADMISSION TEST SCORES

TOEFL: Date (Taken or Plan to Take) _____ Self-Reported TOEFL Score _____
MM/YYYY

EDUCATIONAL BACKGROUND

List with the most recent first, all colleges, universities and professional schools you have attended. If currently enrolled in classes, leave end date blank. (attach an additional sheet if necessary).

INSTITUTION	STATE/COUNTRY	MAJOR FIELD (e.g. Biology)	DATES ATTENDED mm/yyyy to mm/yyyy	DEGREE/DIPLOMA (e.g. BA, BS, etc)	DATE AWARDED Or Expected mm/yyyy

Name: _____
(name of applicant)

PROFESSIONAL NURSING OR WORK EXPERIENCE

List each position chronologically, beginning with the most recent. The Nursing Education track, Nursing and Healthcare Leadership track, School Nursing track and the certificate programs generally require a minimum of one year of clinical experience.

ORGANIZATION	LOCATION	POSITION/CLINICAL AREA	WORK TYPE	DATES EMPLOYED mm/yyyy to mm/yyyy

PROFESSIONAL, COMMUNITY OR PUBLIC ACTIVITIES

ORGANIZATION	ROLE	DATES mm/yyyy to mm/yyyy

Honor Society Membership(s)

--

Other Honors

--

Awards

--

Name: _____
(name of applicant)

NURSING LICENSE

A copy of all currently held nursing licenses must be submitted with this application.

STATE	EXPIRATION DATE	LICENSE NUMBER

Has your license ever been revoked or suspended? Yes No If yes, please attach an additional sheet with a detailed explanation of the circumstances.

PROFESSIONAL CERTIFICATION(S) (i.e., CPR)

AREA OF CERTIFICATION	CERTIFYING ORGANIZATION	DATES

RECOMMENDATIONS

List two persons supplying your letters of recommendation. It is preferred that one recommendation is from an academic source and the other from an administrative supervisor in the most recent nursing position held.

NAME	TITLE	ADDRESS

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me from admission to Elms College or may later be the basis for my withdrawal or dismissal.

Legal Name: _____
Please Print Last Name/Family Name First Middle

Signature: _____

Date: ____ / ____ / ____