

COLLEGE OF MOUNT SAINT VINCENT

APPLICATION FOR GRADUATE ADMISSION Master of Science in Nursing

Eligibility Requirements to be considered for admission to the Master of Science Nursing Program:

- Applicant must be a registered nurse with a baccalaureate degree from a NLNAC/CCNE accredited college.
- Applicant must have a GPA of 3.0.
- Applicant must successfully pass an English Essay Examination.

All Applicants must submit:

- A completed application form.
- The non-refundable \$50 application fee. Checks or money orders should be made payable to the College of Mount Saint Vincent.
- Two references using the enclosed forms:
 - A Professional Appraisal from the applicant's current supervisor.
 - An Academic Appraisal from the applicant's former professor or instructor.
- An official transcript from any colleges attended.
- A copy of the applicant's RN license.

No applications will be processed until all materials have been received.

Return application and accompanying documents to:

Office of Graduate Studies and Continuing Education
College of Mount Saint Vincent
6301 Riverdale Avenue
Riverdale, New York 10471-1093
(718) 405-3322
www.mountsaintvincent.edu

Please print all information

Name _____ Social Security # _____
Last First Middle Initial

Please list maiden name or any other name under which former transcripts may be listed _____

Mailing address _____
Number Street Apt. No.

City State Zip Country (if not U.S.)

E-Mail Address: _____ Telephone: Home: () _____ Work: () _____

Date of Birth (month / date / year) _____ Country of Citizenship _____

Residence Status (if not U.S. citizen) _____ Country of Birth _____

The following question is optional and will not be used in consideration of your application for Admission.

With which category do you most identify yourself?:

- Asian/Pacific Islander
- African American
- Multi-Racial
- Hispanic
- White/Caucasian
- Other _____

Year of desired entrance _____ Full-Time
 Fall Semester (August) Spring Semester (January) Part-Time

Intended Major Area of Study:

- Clinical Specialist
- Family Nurse Practitioner
- Bridge Program
- Nursing Administration
- Undecided

List all post-secondary institutions. Please begin with most recent attended, (including LPN, Diploma or Associate Degree schools).

INSTITUTION NAME	ADDRESS	FROM/TO	DEGREE	DATE AWARDED
_____	_____	____/____	_____	_____
_____	_____	____/____	_____	_____
_____	_____	____/____	_____	_____

List chronologically all positions that you have had since obtaining your R.N. license beginning with your present or most recent position. You may attach a resume or additional information here.

POSITION AND MAJOR RESPONSIBILITIES/CLINICAL AREA	EMPLOYER/ADDRESS	DATES OF EMPLOYMENT FROM/TO
1. _____	_____	____/____
2. _____	_____	____/____
3. _____	_____	____/____
4. _____	_____	____/____

I certify that all of the information on this application is true and complete.

Signature of Applicant

Date



Academic Appraisal of Applicant

To be completed by Applicant:

Name _____ Social Security No. _____

Anticipated starting date: _____ Concentration _____

I release my rights to view this recommendation, now and in the future.

I do not release my rights to view this recommendation.

6301 Riverdale Ave.
Riverdale, NY 10471
718.405.3322
www.mountsaintvincent.edu

Signature _____

To be completed by former instructor/supervisor:

The above candidate has applied for admission to the College of Mount Saint Vincent seeking a Master of Science in Nursing. We would greatly value your appraisal of his/her abilities and potential, either in response to the questions on this form or in a separate letter. Your prompt response will be appreciated by both the candidate and the College.

Please indicate the nature of your relationship with the applicant: Former instructor Current instructor

Describe the length and nature of your relationship with the applicant: _____

Please rate the applicant in relation to other students in his/her graduating class:

	No basis for judgement	Below Average (Lowest 40%)	Average (Middle 20%)	Good (Next 15%)	Very Good (Next highest 15%)	Outstanding (Highest 10%)	Exceptional
Native Intelligence (analytical powers, rigor of thought, critical facility, reasoning ability)							
Independence of Thought (originality, imagination, creative intelligence)							
Effectiveness of Communication: Oral							
Effectiveness of Communication: Written							
Industry and Motivation (persistence, self-discipline, study techniques)							
Judgement and Maturity (conscientiousness, common sense)							
Leadership Ability							
Clinical Effectiveness							

Additional Comments: _____

(You may attach a more detailed reference to this form.)

Signature _____ Date _____

Print Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Please return to the Office of Graduate Studies, College of Mount Saint Vincent, 6301 Riverdale Ave., Riverdale, NY 10471-1093.



Professional Appraisal of Applicant

To be completed by Applicant:

Name _____ Social Security No. _____

Anticipated starting date: _____ Concentration _____

I release my rights to view this recommendation, now and in the future.

I do not release my rights to view this recommendation.

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Riverdale, NY 10471
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Print Name _____ Title _____

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