

**WASHBURN UNIVERSITY
SCHOOL OF NURSING
Master of Science in Nursing Degree**

Thank you for your interest in the Master of Science in Nursing (MSN) program. Enclosed in this packet are the MSN Application, two (2) Applicant Reference Statements, scholarship/financial aid information, and a SON scholarship application.

Application Requirements

1. Graduate from an accredited BSN program
2. Photocopy of current Kansas RN license
3. Completion of a written application to **include:**
 - a. Two Applicant Reference Statements from an employer, previous faculty, or professional peer discussing your potential for success in the program.
 - b. A written statement on your personal philosophy of nursing and potential for success in the program.
4. Successful completion of an undergraduate nursing research course with a grade of “C” or above.
5. Successful completion of an undergraduate health assessment across the life span with a grade of “C” or above.
6. Successful completion of a graduate inferential statistics course with a grade of “B” or above.
7. Submit the Washburn University graduate application **online**, if not currently enrolled at Washburn
8. 3.0 GPA in last 60 hours of college course work.
9. Students with English as a second language must demonstrate a TOEFL score of 550 (213). Information about the TOEFL exam may be reviewed at the website www.ets.org/toefl/.

Program Options

The MSN program offers the following three tracks:

- | | |
|------------------------------|--------------------|
| 1. Adult Nurse Practitioner | 45-49 credit hours |
| 2. Family Nurse Practitioner | 50 credit hours |
| 3. Clinical Nurse Leader | 32-33 credit hours |

Instructions for Assembling the MSN Application

1. *Application for Washburn University Admission:* Online application to be submitted if student not currently enrolled at Washburn University.
2. *MSN Application:* Complete each item of the application. Put an N/A (not applicable) in spaces that do not apply. Use additional pages if more space is needed and make sure name and the item number appear on that page.
3. *Personal Statement:* Write a personal philosophy of nursing and discuss potential success in the program. This statement must be typed, double-spaced, and three to five pages.

4. *Resume:* Send an updated resume with the application.
5. *Applicant Reference Statement:* Select two (2) persons to provide valid information on applicant's academic abilities, commitment to nursing, values and ethics, emotional stability and maturity, and readiness to enter the MSN program. **References may not come from a relative.** Complete the top part of the form and attach a self-addressed stamped envelope. Request the form be completed, and be signed across the seal. Applicant Reference Statements are to be submitted unopened in the application packet.

Transcripts (Hard copy)

Have an official transcript with your Bachelor of Science Degree in Nursing posted to the School of Nursing. We will copy it for SON records and send official to the Admissions office.

Electronic Transcripts: *send to admissions@washburn.edu*

The Admissions office will notify us the transcript was sent.

Application Timeline

The Graduate Education Committee will begin review of completed applications after March 15. Late applications will be considered only if space is available in the relevant specialty track. Students may expect to be notified by mail acceptance into the Graduate program by May 15. Failure to complete the application procedures and documents in their entirety will delay the processing of applications. Any falsification of information on any of the documents submitted may be cause for rejection of the application or dismissal from the program.

Mail or deliver application packet along with an application fee of **\$35.00** (money order required) to:

**Washburn University
School of Nursing
1700 SW College Ave.
Topeka, KS 66621**

It is the responsibility of the applicant to make sure all application materials are enclosed in **one** envelope. Only completed files will be considered. If you have questions, please call Mary Allen at 785 670-1533 or email: mary.allen@washburn.edu.

WASHBURN UNIVERSITY SCHOOL OF NURSING

1700 SW College Ave., Topeka, KS. 66621
(785) 670-1525
Fax: (785) 670-1032

MASTER OF SCIENCE in NURSING
Application for Admission

Date of Application: _____, 20 _____

Application Deadline: March 15th

Track applying for: (Please mark the appropriate track)		
<input type="checkbox"/> Adult Nurse Practitioner	<input type="checkbox"/> Full Time Study	<input type="checkbox"/> Part Time Study: <input type="checkbox"/> 3 year completion <input type="checkbox"/> 4 year completion
<input type="checkbox"/> Family Nurse Practitioner	<input type="checkbox"/> Full Time Study	<input type="checkbox"/> Part Time Study: <input type="checkbox"/> 3 year completion <input type="checkbox"/> 4 year completion
<input type="checkbox"/> Clinical Nurse Leader		

Last Name	First Name	Middle	Maiden/Previously Known
Permanent Address :	Street	City	State Zip Code
Current Address :	Street	City	State Zip Code
E-mail Address			
Home Phone	Work Phone	Social Security Number	
Cell Phone			

3. Please indicate the applicant's ability and professional competence in comparison to other individuals whom you have known at similar states in their career.

	Excellent	Very Good	Average	Below Average	Unable to Rank
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability, maturity					
Ability to think critically					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

4. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____

5. Other comments: (Academic abilities, commitment of nursing, values and ethics, emotional stability and maturity, readiness to enter the MSN program.)

3. Please indicate the applicant's ability and professional competence in comparison to other individuals whom you have known at similar states in their career.

	Excellent	Very Good	Average	Below Average	Unable to Rank
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability, maturity					
Ability to think critically					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

4. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____

5. Other comments: (Academic abilities, commitment of nursing, values and ethics, emotional stability and maturity, readiness to enter the MSN program.)

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Topeka, KS 66621
(785) 670-1525

Applicant Reference Statement

To The Applicant:

Please print your name: _____
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act and its amendments guarantee students access to their educational records. Students may, however, waive their right to access to references. The choice of the applicant regarding this reference is to be indicated below.

Please circle your response: I do / I do not waive my right to inspect the contents of the following reference.

Signature: _____

Please request reference statements from two persons who have recent knowledge about your qualifications. On the first page of each reference form, fill in your name and give to the references.

To The Reference:

The above named person is applying for admission to the Bachelor of Science in Nursing Degree program at Washburn University, and has given your name as a reference.

Please give us a candid assessment of this applicant regarding her/his suitability for our program. You may attach a separate letter with this form, if you prefer.

1. How long and in what capacity have you known the applicant?

Date: _____ Nature of relationship (employer, co-worker, supervisor etc.) _____

2. Please indicate the applicant's ability:

	Excellent	Very Good	Average	Below Average	Unable to Rank
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability, maturity					
Ability to think critically					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

5. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____