

**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  
**Application Deadline: March 15th**

Date of Application: \_\_\_\_\_, 20\_\_\_\_\_ Semester for which admission is requested: \_\_\_\_\_

Track applying for: (Please mark the appropriate track)

Adult Nurse Practitioner     Family Nurse Practitioner     Clinical Nurse Leader

Applying for:  Full time study     Part time study

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				

1. List below all colleges, universities, or other schools attended. **Please request an official transcript of from your BSN school**

Name of College or University	City or State	Attendance Dates	Hours or Degree

2. Give the following information regarding any School of Nursing attended:

Name of School: \_\_\_\_\_ City & State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Diploma or Degree Received: \_\_\_\_\_

Kansas RN license number: \_\_\_\_\_

3. Give the names and addresses of two persons, not relatives or friends, who know you and can give information about you. For example, you may include an employer, previous faculty, or professional peer.

Name	Address	Position or Title

4. Person to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip Code

5. Provide two Applicant Reference Statements from employers, previous faculty, or professional peers.
6. Please attach to the application; a 3-5 page typed statement on your personal philosophy of nursing and potential for success in the program.

All qualified applicants for admission will receive consideration without regard to race, color, age, sex, religion, sexual orientation, national origin, or handicap. The University is an equal opportunity institution.

---

THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

State of \_\_\_\_\_ County of \_\_\_\_\_

Being duly sworn, I state that the foregoing statements in this application are true and accurate. I am aware that any false, misleading or incomplete statements made on this application could be grounds for non-admission to, or later dismissal from, the nursing program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ date of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

(seal)



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.)