

# Application Form

School of Nursing Master of Science in Nursing



**Please type or print all information.**

Check box indicating the track for which you are applying:

- MSN-MBA Master of Science in Nursing and Master of Business Administration (3-year program)
- MSN Education Track (2-year program)
- MSN Administration Track (2-year program)

Name

LAST

FIRST

MIDDLE

Mailing address

STREET

CITY

STATE

ZIP CODE

Social security number

RN license number

State of registration

Telephone

WORK

HOME

CELL

Fax

E-mail

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Citizenship:  U.S. citizen  Other Resident status if non-U.S. citizen \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced (optional)

Religious or denomination preference (optional) \_\_\_\_\_

Educational background (list chronologically all colleges, universities, and technical schools attended)

Name of Institution	Location	Dates of attendance	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note: Request that official transcripts from all institutions listed above be sent to the School of Nursing Graduate Programs.**

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Work experience (beginning with your current position, list all work experiences)

Name and location of employer

Position

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe your current responsibilities and duties.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your educational and career goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any other personal characteristics, interests, talents, professional achievements, or facts that have not been mentioned in previous questions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a veteran?  Yes  No If yes, indicate dates of service: From \_\_\_\_\_ To \_\_\_\_\_

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List the names and positions of three individuals who will each submit a letter of recommendation on your behalf:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Have you taken the GMAT?  Yes  No      Score \_\_\_\_\_ Date Taken \_\_\_\_\_

Have you taken the GRE?  Yes  No      Score \_\_\_\_\_ Date Taken \_\_\_\_\_

Ethnicity *(optional; this information will not be used in a discriminatory manner)*

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic (any race)                       | <input type="checkbox"/> White   |
| <input type="checkbox"/> African American or Black        | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |                                  |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Two or more races                         | <input type="checkbox"/> Unknown |

How did you first learn of the Anderson University Master of Science in Nursing program, and what were the key factors in your decision to apply?

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**Nursing-captioned and education-captioned courses** will be taught at Community Hospital North in Indianapolis.

**For business-captioned courses**, several sites are available in the Indianapolis area and the Anderson University campus.

Anticipated start date \_\_\_\_\_

To the best of my knowledge, the information on this application is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send the following to the School of Nursing Graduate Program,  
Anderson University, 1100 E. 5th St., Anderson, IN 46012-3495**

- application form
- admission essay
- official transcript
- \$50 non-refundable application fee
- Copy of CPR Certification
- Immunization records
- Criminal background check

**Anderson University does not discriminate on the basis of age, gender, ethnic or racial origin, physical or mental disability, or marital or veteran status in its educational programs, admission procedures, or employment practices.**

**Students who may need disability services can contact Disability Services for Students (part of the Kissinger Learning Center) at 765-641-4225 or [www.anderson.edu/kissinger](http://www.anderson.edu/kissinger)**

msn@anderson.edu

**[www.anderson.edu/nursing](http://www.anderson.edu/nursing)**

(765) 641-4383