

Thank you for your interest in the Master of Science Degree Program in Nursing at Southern Illinois University Edwardsville. Please send the following to SIUE Graduate Admissions, Campus Box 1047, Edwardsville IL 62026-1047:

- Completed SIUE Classified Graduate Application & fee, <http://www.siu.edu/apply/>
- Official Transcripts from **all schools** where credit was granted after High School.
- Completed School of Nursing Application Form, <http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>
- Goals Statement Form, <http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>
- Reference Forms from 3 people (at least one from your immediate supervisor). The person providing the reference is asked to complete the reference form, sign it, and put it in an envelope (preferably letterhead), sign across the sealed flap, and return it to the student to be sent with the application packet. An additional letter may be sent with each Reference Form but letters will not be accepted without a form. <http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>

All application materials **MUST BE RECEIVED BEFORE YOUR APPLICATION CAN BE PROCESSED.**

You can check your application status by going to the “Apply Now” page: <http://www.siu.edu/apply/> and clicking on the green “Finish Application” button. You will need the original pin you created when you completed your online application.

Applications will be reviewed after the deadline date and you will receive a letter stating whether or not you have been accepted for an interview. After the interviews are complete, letters will be sent declaring whether or not you have been accepted to the School of Nursing. **If you are admitted** to the School of Nursing, you will be required to provide a completed physical exam/immunization form, proof of current unencumbered Illinois and Missouri licensure as an RN, evidence of current CPR certification, and other health requirements. (The required CPR certification may be obtained through completion of the American Heart Association “*Health Care Provider*” course or the American Red Cross “*CPR for the Professional Rescuer*” course.) You will also be required to complete a background check and drug screen. You will receive specific details regarding these if you are admitted.

Please note that prerequisites do not have to be completed prior to applying but will need to be completed prior to beginning coursework if you are admitted to the program.

If you have any questions regarding the admission process or the admission requirements, please call Ms. Tina Noto, School of Nursing Graduate Advisor, at (618) 650-3930, or 1-800-234-4844 ext. 3930, or e-mail her at [tnoto@siue.edu](mailto:tnoto@siue.edu).

**Southern Illinois University Edwardsville School of Nursing  
Graduate Program in Nursing  
Application for Admission**

**Directions: Please complete the following items. Completion of this form certifies that all information provided is valid and accurate:**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last
First
Middle
Maiden/Other

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

**County:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Hispanic:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Veteran's Status:** \_\_\_ Active Duty \_\_\_ Reservist \_\_\_ Veteran (Prior Service) \_\_\_ Veteran (Retired) \_\_\_ Not a Veteran

**I have a valid active professional nursing licensure:** \_\_\_ Yes \_\_\_ No

**Years practicing (RN):** \_\_\_\_\_ **Years in Adult Critical Care (Nurse Anesthesia Only):** \_\_\_\_\_

**To which program are you applying?**

- |   |   |
|---|---|
| <input type="checkbox"/> Master of Science Family Nurse Practitioner<br><input type="checkbox"/> Master of Science Health Care & Nursing Administration<br><input type="checkbox"/> Master of Science Nurse Anesthesia<br><input type="checkbox"/> Master of Science Nurse Educator | <input type="checkbox"/> Post-Master's Family Nurse Practitioner<br><input type="checkbox"/> Post-Master's Health Care & Nursing Administration<br><input type="checkbox"/> Post-Master's Nurse Anesthesia<br><input type="checkbox"/> Post-Master's Nurse Educator |
|---|---|

**Date of requested admission to program:** Fall Semester \_\_\_\_\_ (Nurse Practitioner, Health Care & Nursing Admin, Nurse Educator)  
 Summer Semester: \_\_\_\_\_ (Nurse Anesthesia only)

**Family Nurse Practitioner Applicants Only: Preferred Campus Location:** \_\_\_\_\_ Edwardsville \_\_\_\_\_ Springfield

**Education**

**Please list all institutions attended since high school, starting with the most recent. Identify dates attended and degrees (if earned):**

Name of School	City and State	Dates Attended	List degree earned and date of graduation (if applicable)

**Prerequisite Courses**

Course	School	Course Number	Date Completed	Credit Hours	Grade
Undergrad/Grad Statistics (Circle one)					
Bio or Organic Chemistry (Circle one) (Nurse Anesthesia Only)					
Intro Physics (Nurse Anesthesia Only)					

**Graduate Courses Completed (for Master's applicants)**

Course Number and Title	School	Date	Grade	Credit Hours

**References: Please list the names of three (3) people who know you through education or work-related situations to whom you have distributed the reference forms provided in the application packet. We prefer that the references come from master's-prepared nurses. One should be from your immediate supervisor.**

**#1. Name & Credentials** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**#2. Name & Credentials** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**#3 Name & Credentials** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Professional Experience** (List all professional employment, start with the most recent.)

<b>Institution</b>	<b>City and State</b>	<b>Position Held</b>	<b>Dates of Employment</b>

**Membership** in professional organizations and honorary societies and offices held:

---

---

---

**Professional** recognition and creative activity (List scholarships, honors, and/or recognitions received. Also list publications, research, etc.)

---

---

---

---

---

---

**Please return this form along with your completed Goals Statement form, 3 completed Reference Forms (in sealed envelopes) and official copies of all transcripts, prior to the deadline, to:**

**Southern Illinois University Edwardsville  
Graduate Admissions  
Campus Box 1047  
Edwardsville IL 62026-1047**