

# MICHIGAN STATE UNIVERSITY COLLEGE of NURSING



Knowledge • Innovation • Caring

## 2010 MSN CLINICAL NURSE SPECIALIST- EDUCATION APPLICATION

### Deadlines:

**October 1, 2009 – Early Admission Decision**

**March 1, 2010 – Regular Admission Decision**



A-117 Life Sciences Building • East Lansing, MI 48824-1317 • (800) 605-6424 • [nursing.msu.edu](http://nursing.msu.edu)

MICHIGAN STATE  
UNIVERSITY  
COLLEGE of NURSING

**Information & Instruction Sheet**

for submitting applications to the Fall 2010 MSN Clinical Nurse Specialist-Education Program

Please prepare and/or complete and return all the following documentation.  
YOUR APPLICATION IS INCOMPLETE WITHOUT THEM.

MAIL ALL COLLEGE OF NURSING MATERIALS LISTED BELOW TO:

Graduate Admissions  
College of Nursing  
Michigan State University  
A-117 Life Sciences Building  
East Lansing, MI 48824

**University Application Material**

**1. Application**

- a) Candidates must apply to the University. The University application is available online at [www.admissions.msu.edu](http://www.admissions.msu.edu). Please note that an application fee applies. The University application must be submitted online. Before you submit, please print a copy and include it with your application materials to the College of Nursing.
- b) **NOTE: Please do not use the University's reference forms. You only need to submit the three reference forms provided by the College of Nursing. In lieu of the University's "Statement of Purpose", you will be required to complete a Statement of Purpose for the College of Nursing.**

**College of Nursing Application Material**

**1. College of Nursing Application**

The College of Nursing application form is required in order to be considered for the MSN Clinical Nurse Specialist-Education Program.

**2. Transcripts**

Only the College of Nursing needs a set of transcripts. At the time of submitting your application, arrange to have **ONE official transcript from each college, university, and school attended sent to the College of Nursing, Graduate Admissions, A117 Life Science Building, East Lansing, MI 48824**. These transcripts should cover all academic work completed to date. All transcripts sent directly from another school become the property of Michigan State University and cannot be returned to the applicant. **All transcripts must be received by the application deadline in order for the application to be considered complete.**

**4. Statement of Purpose**

A brief essay, no more than two typewritten double-spaced pages (8 ½ x 11), is required for admission to the MSN Program. Please include the following responses:

- a. What significant factors led you to pursue graduate study in nursing?
- b. How do your goals and interests relate to the MSN Clinical Nurse Specialist-Education Program at Michigan State University?
- c. What personal characteristics and previous experiences will facilitate achievement of your career goals?

# MICHIGAN STATE UNIVERSITY

## COLLEGE of NURSING

### Information & Instruction Sheet - Page 2

#### 5. Professional References

The MSN Program requires **three** letters of recommendation. The reference letters must be from sources that have direct knowledge of the applicant's work and educational experience specifying the applicant's ability to do graduate work.

Reference forms are available in the MSN Clinical Nurse Specialist-Education Application Packet. Reference forms should be given to persons selected, after you have completed the top portions of the forms. References will then return forms in sealed envelopes to each applicant so that they may be included with your College of Nursing Application. **Reference forms must remain in sealed envelopes when submitted to the College of Nursing.** We highly recommend the reference writer make a copy of the completed form for their records before returning to you for submission to the College of Nursing.

#### 6. Professional Resume

Resume must be presented as documentation of years of both clinical work experience and educational experiences.

#### 7. RN Licensure

Applicants admitted to the MSN program must hold an unrestricted, current license as a Registered Nurse in their state or country. For those applicants practicing in Michigan, a current Registered Nurse, Michigan license is required. Evidence of licensure must be submitted with the College of Nursing application. The license to practice must be free from restrictions or limitations.

#### 8. Documentation of Prerequisite Statistics Course

Complete and return the enclosed form with your application. A list of approved courses may be found on the College of Nursing website at [www.nursing.msu.edu](http://www.nursing.msu.edu). If you need additional assistance please contact the MSN advisor. An approved course of at least 3 semester credits is required and must have been successfully completed at an accredited college or university within the last 5 years.

#### 9. International Graduate Students/TOEFL Exam

Must satisfactorily complete the TOEFL exam or the MSU English Language Center examination (writing, speaking, listening, comprehension) prior to admission to the program. Please send results to: College of Nursing, Graduate Admissions, A117 Life Sciences Building, East Lansing, MI 48824.

**APPLICATIONS CANNOT BE CONSIDERED UNLESS ALL THE MATERIALS LISTED ABOVE ARE RECEIVED BY THE ESTABLISHED DEADLINE.**

### ADDITIONAL INFORMATION

#### **FINANCIAL AID**

Traineeships, fellowships, and graduate assistantships may be available to students. Other financial aid information may be obtained through the Office of Admissions and Scholarships or the Graduate School, Administration Building, Michigan State University, East Lansing, MI 48824 or [www.nursing.msu.edu](http://www.nursing.msu.edu). For specific financial aid questions please contact the Office of Financial Aid at 517-353-5940 or [www.finaid.msu.edu](http://www.finaid.msu.edu).

#### **TUITION AND FEES**

Tuition and fee information may be found at: <http://www.ctrl.msu.edu/>

#### **PROVISIONAL ADMISSION STATUS**

A limited number of applicants who do not satisfy all of the College's regular admission requirements may be extended a provisional status. All provisional criteria must be completed by the established deadline. **Please note that provisional students are ineligible for financial aid until requirements are met and the provision is lifted.**

MICHIGAN STATE  
UNIVERSITY  
COLLEGE of NURSING

2010 MSN CLINICAL NURSE SPECIALIST-  
EDUCATION APPLICATION

Applications cannot be processed until the following information is received. Please check all forms carefully for accuracy and completeness. Unless otherwise noted, all materials (including this form) should be sent to: *College of Nursing, Graduate Admissions, A117 Life Sciences Building, East Lansing, MI 48824*. Applications submitted by **October 1, 2009** will be considered for an early admission decision. Applications submitted by **March 1, 2010** will be considered in the second admission review. (Please check website at a later date for scheduled interview dates). If you have questions about the status of your application, please contact the Office of Student Support Services at (517) 353-4827.

Last name, first name, middle name: \_\_\_\_\_ Sex (circle one): M F

Please indicate any former names that may appear on transcripts \_\_\_\_\_

Permanent mailing address (number & street) \_\_\_\_\_ County: \_\_\_\_\_  
Notify the College of any address changes in writing

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (include area code): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

If you have previously applied for graduate admission to MSU indicate: Year \_\_\_\_\_ Semester \_\_\_\_\_

**Check the appropriate**

- Full-time  
 Part-time

1. Michigan State University Application for Graduate Study and Application Fee  
Complete online at <https://admissions.msu.edu/apply.asp>

2. Transcripts Requested: (One copy to College of Nursing)  
College of Nursing, Graduate Admissions, A117 Life Sciences Building

Name of School(s) a: \_\_\_\_\_  
b: \_\_\_\_\_  
c: \_\_\_\_\_  
d: \_\_\_\_\_  
e: \_\_\_\_\_

3. Statement of Purpose (enclosed)

4. Letters of Recommendations (enclosed)   
Names of References: a: \_\_\_\_\_  
b: \_\_\_\_\_  
c: \_\_\_\_\_

5. Professional Resume (enclosed)

MICHIGAN STATE  
UNIVERSITY  
COLLEGE of NURSING

MSN Clinical Nurse Specialist-Ed Application Page 2

6. RN Licensure (photocopy enclosed)
- Limitations, restrictions or probationary status on license? \_\_\_\_ Yes \_\_\_\_ No
- If yes, please explain (attach separate sheet if necessary) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. Documentation of Statistics Course Form
- At least three (3) semester credits must be successfully completed at an accredited college or university within the last five (5) years.
8. International Graduate Students: TOEFL Examination (official scores requested if applicable)
9. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) guidelines have resulted in many practice sites opting to require background checks for nursing students working in clinical settings. Additionally, many clinical, non-JCAHO accredited sites affiliated with the university for educational purposes have adopted this requirement and also require drug screens. The clinical programs of Michigan State University College of Nursing require students to participate in the care of patients in various health care settings. Accordingly, passing a criminal background check and drug screen is a condition for participation in the clinical component of all Nursing programs.

Michigan State University seeks to admit students who provide evidence of intellectual performance, good character and potential, which will permit them to profit from programs of the academic rigor of those offered by Michigan State. The University recognizes that learning opportunities are enhanced by a secure environment. As part of the admissions process, we require applicants to respond to the following questions. In addition, the clinical programs of the MSU College of Nursing require students to participate in the care of patients in various health care settings. Accordingly, all students admitted to the College of Nursing must pass a criminal background check and drug screen as a condition for enrollment in the program.

- A. Have you ever been expelled, suspended, disciplined, or placed on probation by any secondary school or college you have attended because of (a) academic dishonesty, (b) financial impropriety, and/or (c) an offense that harmed or had the potential to harm others?  
 Yes  No
- B. Have you ever plead guilty to or been found guilty of a crime or been convicted of a criminal offense (including in juvenile court) other than a minor traffic violation?  
 Yes  No
- C. Are there criminal charges pending against you at this time?  
 Yes  No

If you answer yes to any of these questions, please submit a letter of explanation. If circumstances arise in the future that make your answers to the above questions inaccurate, misleading, or incomplete, you must provide the College of Nursing Office of Student Support Services with updated information.

I certify that all of the information I have provided in this application is complete and accurate to the best of my knowledge. I have been informed of and understand the application instructions for the College of Nursing and understand that admission to the College of Nursing does not assure ultimate admission to Michigan State University. I further understand that admission decisions are influenced by space availability.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# MICHIGAN STATE UNIVERSITY COLLEGE of NURSING

## REFERENCE FORM

**Important Note to Applicants:** Submit three letters of recommendation. The reference letters must be from sources that have direct knowledge of the applicant's work and educational experience specifying the applicant's ability to do graduate work. Be sure to fill in your name and address on each of the three copies. Send the forms with self-addressed stamped envelopes, to the three individuals supporting your application, requesting them to return the form to you in a sealed envelope. You will then include all three reference forms in your application packet to the College of Nursing.

The applicant must complete and sign the following statement before submitting this form to the recommendation writer.

This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my right of access to this letter of recommendation (student will not be able to view recommendation if this box is checked).
- I do not waive my right of access to this letter of recommendation.

\_\_\_\_\_

(Signature of Applicant)

\_\_\_\_\_

(Date)

### APPLICANT COMPLETES:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

### REFERENCE WRITERS COMPLETE:

Your thoughtfulness and care in furnishing this information for the above named applicant is greatly appreciated. This statement will be given serious consideration in supplement to the other credentials of the candidate.

How long have you known the candidate and in what capacity?

Please rate the applicant in comparison with others you have known in his/her position:	Superior	Above Average	Average	Below Average
Interpersonal Relationships				
Intellectual Ability				
Clinical Nursing Expertise				
Leadership Ability				
Evaluative Ability				
Personal Potential for Graduate Study				
Critical Thinking/Nursing Judgment				

MICHIGAN STATE  
UNIVERSITY  
COLLEGE of NURSING

**REFERENCE PAGE 2**

We are particularly interested in the candidate's strengths and limitations related to nursing practice. Please provide a candid assessment in each of the following areas:

1. Interpersonal relationships (with superiors, peers, patients, members of health team):
2. Intellectual ability (conceptualization, utilization, and transfer of knowledge, problem-solving):
3. Clinical nursing expertise (decision-making, initiative, management, independence):
4. Leadership ability (ability to initiate change, style of leadership, includes realms of nursing, community, and government, if applicable):
5. Evaluate ability (of self and others; utilizes and provides constructive feedback, evaluation of nursing practice):
6. Personal characteristics which may promote or inhibit graduate study (motivation, flexibility, desire to obtain advanced degree):
7. Critical Thinking ( ability to demonstrate expert nursing judgment in patient care)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Address: \_\_\_\_\_

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(Signature of Applicant)

\_\_\_\_\_

(Date)

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MICHIGAN STATE  
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COLLEGE of NURSING

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14. Personal characteristics which may promote or inhibit graduate study (motivation, flexibility, desire to obtain advanced degree):
  
15. Critical Thinking ( ability to demonstrate expert nursing judgment in patient care)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

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\_\_\_\_\_ (Signature of Applicant)

\_\_\_\_\_ (Date)

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MICHIGAN STATE  
UNIVERSITY  
COLLEGE of NURSING

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Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Address: \_\_\_\_\_

MICHIGAN STATE  
UNIVERSITY  
COLLEGE of NURSING

**DOCUMENTATION OF PREREQUISITE STATISTICS COURSE**

**An approved course of at least 3 semester credits is required and must have been successfully completed at an accredited college or university within the last 5 years.  
To apply to the Fall 2010 MSN Program,  
Statistics must have been taken no earlier than Fall 2005.**

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

Statistics course you have taken or plan to take:

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Grade Received: \_\_\_\_\_

University/College: \_\_\_\_\_

Undergrad Level

Graduate Level

Completed in undergrad program.  
Semester completed: \_\_\_\_\_

Completed at another institution.  
Semester completed: \_\_\_\_\_

Institution: \_\_\_\_\_

Not yet completed.  
Anticipated date of completion: \_\_\_\_\_

Completion of statistical assessment test (available only if prior statistical course work has been completed)

**Return to: College of Nursing  
Graduate Admissions  
A 117 Life Sciences Building  
East Lansing, MI 48824  
Fax Number (517) 432-8251**

**MICHIGAN STATE**  
**UNIVERSITY**  
**COLLEGE of NURSING**

**APPLICANT CHECKLIST**



**TO EXPEDITE YOUR APPLICATION PROCESS SEND THE  
FOLLOWING INFORMATION TO:**

**College of Nursing  
Graduate Admissions  
A117 Life Sciences Building  
East Lansing, MI 48824**

1. College of Nursing “Application for Admission”
2. Copy of Michigan State University Application for Graduate Study
3. University/College transcripts
4. Essay (Statement of Purpose)
5. References (Sealed in envelopes and included with Application Packet)
6. Professional Resume
7. Professional Licensure (photocopy of RN license)
8. Documentation of Prerequisite Statistics Course
9. TOEFL Scores (if applicable)

Please note: The application fee to Michigan State University should be paid online at the time of application. There is no fee to the College of Nursing and no money should be sent with this application.