

**MSU College of Nursing  
Accelerated Second Degree Program  
Supplemental Application, Instructions & Guidelines for Applicants Entering May, 2010**

**The deadline for receipt of application materials is December 15, 2009 by 5:00 pm.**

### **Admissions Guidelines**

Students seeking admission to the College of Nursing for the Accelerated Second Degree Bachelor of Science in Nursing program must make formal application to the College of Nursing. The admissions process within the College occurs once during the academic year, with students beginning enrollment in the Summer Semester. The College of Nursing expects to admit 50 students to the program in each admission cycle; therefore, the qualified applicant pool frequently exceeds the number of positions available.

### **Admission Criteria**

Minimum criteria for application to the College are:

1. Completion of a bachelor's degree from an accredited and recognized college or university with a cumulative grade-point average of 2.50 or higher
2. Completion of the prerequisite courses for admission to the major (See Prerequisite Information form in attached application)
3. Anatomy 350 and Physiology 250 or 310 must be successfully completed at the time of application. Transcripts recording completion of these courses must be included with the application.
4. A grade of 2.0 or higher in each science prerequisite course
5. Submission of two (2) letters of recommendation.

Admission to the program is competitive with most candidates exceeding the minimum requirements, therefore the most qualified candidates will be selected from the pool of candidates meeting the minimum criteria.

### **Application Requirements**

#### **1. APPLICATION TO MSU**

Candidates who wish to be considered for admission into the Accelerated Second Degree Bachelor of Science in Nursing program must submit the attached College of Nursing supplemental application directly to the MSU College of Nursing. In addition, candidates must also submit the appropriate applications directly to the university for consideration of admission into MSU. **Admission into both Michigan State University and the College of Nursing is necessary for enrollment in the Accelerated Second Degree program.**

#### **Candidates who have not applied to MSU previously:**

- Candidates who are not former MSU students must submit an Application for Undergraduate Admission (<http://admissions.msu.edu/apply.asp>) to MSU. Prospective students should submit an application as a transfer student with the major preference code of 4023 for the **Summer Semester (US10)**. There is a non-refundable \$35.00 fee for this application for domestic applicants and a \$50.00 fee for international applicants. If applicant expects to complete prerequisites at MSU prior to Summer Semester (US10), please review Lifelong Education Student information at <http://admissions.msu.edu/admission/guest.asp>. For more information, refer to the MSU Office of Admissions and Scholarships website ([www.admissions.msu.edu](http://www.admissions.msu.edu)). Fees subject to change without notice.
- The MSU application is best completed electronically, but may be submitted in paper format. If submitting the paper application, it should be returned to the MSU Office of Admissions and Scholarships, Michigan State University, 250 Hannah Administration Building, East Lansing, MI 48824-0590 no later than **December 15, 2009**. Due to the volume of applications received, early submission is recommended.

#### **Candidates who are returning MSU students:**

- Former MSU students need not reapply as new students to the University. Instead, applicants should proceed with submission of the supplemental nursing application. If you haven't been registered at the University for three consecutive semesters (counting Summer), you need to submit a [readmission application](#). There is no charge. The application should be submitted to the Registrar's Office at least one month prior to the beginning of the semester in which you expect to resume studies.

## 2. COLLEGE OF NURSING SUPPLEMENTAL APPLICATION

The College of Nursing supplemental nursing application in this packet must be submitted directly to the following address. College of Nursing, Accelerated Second Degree Program, Michigan State University, A117 Life Sciences Building, East Lansing, Michigan 48824-1317 no later than December 15, 2009.

## 3. OFFICIAL TRANSCRIPTS

Official transcripts from **all** institutions of postsecondary education attended should be forwarded to Transfer Credit Evaluation, in the Office of Admissions and Scholarships, Michigan State University, 250 Hannah Administration Building, East Lansing, MI 48824-0590 and College of Nursing, Accelerated Second Degree Program, Michigan State University, A117 Life Sciences Building, East Lansing, Michigan 48824-1317.

## 4. LETTERS OF REFERENCE

Two letters of references are required for consideration of admission to the Accelerated Second Degree program. The reference forms should be completed by a person in an educational, administrative, professional, or volunteer capacity who has worked closely with you within the past five years. Reference forms are enclosed with the College of Nursing supplemental application and should be returned to the College of Nursing with the supplemental application at the address provided.

**Candidates should collect the reference form from the person completing it on their behalf. The person completing the reference form should seal the form in an envelope and place their signature across the seal. All reference forms should be submitted with the application.**

## 5. ESSAY

A brief essay should be included responding to the statements below. This essay should be no longer than two double spaced pages on 8½" x 11" paper. This essay may be used for the essay requirement on the Undergraduate Application for Admission.

- The candidate understands the roles of a nurse in today's health care environment and how they see themselves embodying those roles.
- The candidate's interest in an accelerated nursing program, instead of a traditional nursing program.
- The candidate's characteristics, experiences, abilities, and plan that will enhance their ability to succeed in an accelerated nursing program versus a traditional nursing program.
- Any additional information the admissions committee should consider on the candidate's behalf.

## 6. RESUME OR CURRICULUM VITAE

A resume or curriculum vitae outlining the candidate's varied experiences to date should be submitted to provide the program admissions committee additional background information.

**The College of Nursing Supplemental Application, the Essay, References and Resume or Curriculum Vitae should be submitted to the MSU College of Nursing together as part of the same packet. Only completed applications will be reviewed for consideration of admission.**

### Statement on Background Checks and Drug Screens

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 (graduate and undergraduate) programs.

## **Admission Checklist**

A complete application to the Accelerated Second Degree program will include the following items/completed tasks:

- An Undergraduate Application for Admission submitted to MSU if a new student or a Readmission Application to the Registrar's Office if a returning student
- The College of Nursing Supplemental Application for the Accelerated Second Degree Nursing Program
- Forwarded official transcripts for each institution of post-secondary education attended
- Essay
- Resume or Curriculum Vitae
- Two letters of recommendation

# MSU College of Nursing Accelerated Second Degree Program Supplemental Application

**Application only for May 2010 consideration.**

Last Name	First Name	Middle Name	MSU PID (assigned at application to MSU)
Permanent Mailing Address (NOTE: Decision letters will be sent to the address given here.)			
City	State	Postal Code	County
Country (if other than USA)	Telephone (include area code)	Email Address	

List all current and past Colleges/Universities attended			
Name of Institution	State/Country	Major	Degree Earned and Date

**Additional Information**

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 either 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: \_\_\_\_\_

## Prerequisite Information

Please indicate below, in the appropriate boxes, the coursework completed to satisfy the prerequisite requirements for the Accelerated Second Degree program. Please note that MSU will not accept a grade below a 2.0 in transfer. For any coursework in progress, please indicate below.

	Semester Completed	Course Name & Number	Institution	Number of Credits	Grade
Anatomy*^ (ANTR 350)					
Physiology*^ (PSL 250 or 310)					
Pathophysiology* (NUR 300)					
Microbiology (MMG 201)					
General Chemistry (CEM 141)					

\*Candidates must have completed the courses marked with an asterisk (\*) within ten years of their anticipated program start date.

^Indicates courses that must be complete at the time of application.

Statistics (STT 200)					
Nutrition (HNF 260)					
Intro Psychology (PSY 101)					
Lifespan Grth & Dev. (FCE 225)					

Please indicate below your highest level College Mathematics completed (not including statistics) and the most appropriate Writing and English Composition courses.

College Algebra (or higher level)				
Writing/Composition				

**MSU College of Nursing  
Accelerated Second Degree Program  
Reference Form**

**Important Note To Applicants:** Your application must include two separate copies of this form completed by two persons in an education, administrative, or collegial capacity who have worked closely with you. Be sure to fill in your name and address on each of the copies. Forms should be submitted with supplemental application in a sealed envelope at the address below.

**College of Nursing  
Accelerated Second Degree Admissions  
A117 Life Sciences Building  
Michigan State University  
East Lansing MI 48824-1317**

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)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Name of Reference Completing Form)

Applicant's Full Name: \_\_\_\_\_

**REFERENCE WRITERS COMPLETE****Your thoughtfulness and care in furnishing this information for the above named applicant is greatly appreciated.**

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

B. Please provide a candid assessment in each of the following areas:

1. Interpersonal relationships (communication skills with supervisors, peers, patients/clients):

2. Academic ability (decision making, critical thinking, problem-solving):

3. Leadership ability (ability to initiate change, style of leadership):

4. Personal characteristics which may promote or inhibit nursing study and practice (motivation, flexibility, sensitivity, compassion, perseverance):

Please rate the applicant in comparison with others you have known in his/her position:

	Superior	Above Average	Average	Below Average	No Basis for Judgment
Interpersonal Relationships					
Intellectual Ability					
Leadership Ability					
Personal Potential for Nursing Study					

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

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

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

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

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

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

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

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

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Name of Reference Completing Form)

Applicant's Full Name: \_\_\_\_\_

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	Superior	Above Average	Average	Below Average	No Basis for Judgment
Interpersonal Relationships					
Intellectual Ability					
Leadership Ability					
Personal Potential for Nursing Study					

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

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

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

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

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

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