



MASTER OF SCIENCE IN NURSING
APPLICATION FOR ADMISSION*
COLLEGE OF EDUCATION, HEALTH, AND HUMAN STUDIES
DEPARTMENT OF NURSING

(last, first, middle initial)

(street, city, state, zip code) (home & work phone)

1. List Nursing positions held (last 5 years) / most recent first

Date	Agency	Location	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Attach:

- Statement of academic goals and objectives for graduated study/advanced practice in nursing. Instructions for the statement can be found here: [Statement of Academic Goals and Objectives](#)
- Current copy of license as a registered nurse (RN) that allows for practice within the state of Missouri.
- Current CPR (professional level) certification.
- Validation of physical assessment and history taking skills if transcript does not reflect a course in health assessment.
- An introductory course in statistics (graduate or undergraduate) with a grade of “B” or higher as shown on transcript.

3. Please indicate interest in family nurse practitioner track: YES ____ NO ____

Mail form and information indicated above to:

Director of Graduate Studies
Southeast Missouri State University
Department of Nursing
One University Plaza – MS 8300

*Admission to Southeast Missouri State University School of Graduate Studies must occur prior to consideration of this application.