



COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF NURSING

MASTER OF SCIENCE IN NURSING
APPLICATION FOR ADMISSION*

(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:

- A. Statement of academic goals and objectives for graduate study/advanced practice in nursing. Instructions for the statement can be found here: [Statement of Academic Goals and Objectives](#)
- B. Current copy of license as a registered nurse (RN) that allows for practice within the state of Missouri.
- C. Current professional liability insurance for a minimum of \$1,000,000/\$3,000,000 coverage.
- D. Current CPR (professional level) certification.
- E. Validation of physical assessment and history taking skills if transcript does not reflect a course in health assessment.
- F. An introductory course in statistics (graduate or undergraduate) with a grade “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 - MS8300

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