

*Saint Francis Medical Center College of Nursing
Peoria, Illinois*

Master of Science in Nursing



Application for Admission

Saint Francis Medical Center College of Nursing
Peoria, Illinois
Master of Science in Nursing

Saint Francis Medical Center College of Nursing has approvals for the Master of Science in Nursing program from North Central Association of Colleges and Schools Commission on Institutions of Higher Education (the regional accrediting body) and have accreditation by The National League for Nursing Accrediting Commission, Inc. (NLNAC) 3343 Peachtree Road NE, Suite 500, Atlanta, Georgia 30326, (404) 975-5000.

How To Apply For Admission

- A. Please send the following to the Graduate Office:
1. Non-refundable application fee of \$50.00
 2. Application for Admission
 3. 2-3 page typed essay (see page 3 for instructions)
 4. Copy of RN Licensure
 5. Three letters of recommendation (see #9 below)
- B. Please request that the registration office of every higher education institution you have previously attended send an official transcript to the Graduate Office. Please note that we must receive an official transcript from every institution, even if transfer credit from that institution appears on the transcript of another institution.
- C. Complete a personal interview with a graduate nursing faculty member if requested.
- D. When all of the above documentation has been received and evaluated, you will receive a letter from the College of Nursing confirming your admission status.

Admission Requirements

1. Official transcripts from all colleges and universities attended.
2. Bachelor of Science in Nursing from NLNAC or CCNE accredited program.
3. Grade point average (GPA) of 2.8 on a 4.0 scale.
4. Licensure to practice as a Registered Nurse in one or more states in the USA.
5. Evidence of completion of undergraduate health assessment and nursing research with a minimum grade of "C".
6. Evidence of completion of a graduate statistics course with a minimum grade of "B" within the last five years.
7. A two-three page typed essay detailing professional and educational goals.
8. Evidence of one year professional nursing experience preferred.
9. Three letters of recommendation from persons who are able to speak of the applicant's ability to undertake graduate study. One letter from a nursing faculty from student's baccalaureate education is preferred.
10. An interview may be required.

Neonatal Nurse Practitioner Option- (in addition to the above)-

1. The equivalent of two years full-time recent RN practice (within past five years) experience in the care of the critically ill infant (minimum of one year in NICU) is required prior to beginning the clinical courses.
2. Neonatal Resuscitation Program certification

Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street
Peoria, Illinois 61603

LETTER OF RECOMMENDATION

Master of Science in Nursing Program

The applicant is applying for the admissions to a graduate nursing degree program at Saint Francis Medical Center College of Nursing. You have been selected by the applicant to submit your comments on the applicant's qualifications.

Directions: Complete the rating grid by evaluating the applicant in relation to other individuals known in a similar capacity. The information supplied on this form will be used for the purpose of assessing the applicant's qualifications for admission.

Note: Your comments will be held completely confidential if the applicant has signed the statement below. Return the form to Admissions, Attn: Vicki Craig room 626 at the College of Nursing

Applicant's Name _____
Current Address _____

WAIVER

I understand that I have the right to examine this recommendation unless such right is waived. (Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.

- I expressly waive the right to inspect this confidential recommendation when it becomes a part of my file at Saint Francis Medical Center College of Nursing. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.
- I do not expressly waive my right to examine or otherwise have access to this recommendation.

Signature

Date

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivation for Graduate Study						
Conceptual Ability						
Analytical Ability						
Initiative and Potential for Research						
Integrity						
Ability to Work with Others						
Effectiveness in Writing						

How long have you known the applicant? _____
Years Months

Under what circumstances have you known the applicant?

What are the applicant's primary strengths?

What are the applicant's primary weaknesses or liabilities? How might these affect the applicant's performance in graduate study?

Please check recommendation _____ Strongly recommend
_____ Recommend
_____ Recommend with reservations
_____ Do not recommend

Name (**type or print**)

Title

Business address

City, State, zip code

Signature

Date

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Essay Guidelines for Admission

This essay is an essential aspect of the admission process and will be carefully evaluated by the Graduate Program Committee in order to make a decision on your direct entry into the MSN program. Follow the guidelines carefully, speaking to each item listed below. The paper should be **2-3 typed pages**. Evaluation of the essay will include assessment of:

- ◆ Content
- ◆ Clarity of presentation
- ◆ Grammar, punctuation, etc.

Please address the following:

- ◆ Describe your practice area, which might include opportunities for leadership and collaboration
- ◆ Discuss your current professional role
- ◆ Identify goals for your graduate nursing education
- ◆ Describe how the attainment of your goals will advance your professional practice

Please note that this essay is graded and will be a part of determining your admission to the Saint Francis College of Nursing Program.

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Application For Admission to the Masters Program

An application fee of \$50.00 should be returned with this application. You are urged to give careful consideration to each question on this form. It is to your advantage to fill it out completely and return it promptly to the Admissions Office, Attn; Vicki Craig room 626 at the College of Nursing.

Print or Type Information Below.

Date: _____, 20_____ Social Security No: _____

Name: _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Home Address: _____
(Number and Street)

(City) (State) (Zip Code) (County) Birth Date _____

Home Telephone: _____ Work phone: _____

Email: _____ Fax Number: _____

Cell number: _____

U.S. Citizen Yes ___ No ___ If no, please circle your status: Resident Alien/Non-resident Alien

Visa type and Number _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____
(Number and Street)

(City) (State) (Zip Code)

Your response to the following is voluntary. The information is requested so that this institution may demonstrate its compliance with Federal regulations.

Please check appropriate box(es):

- | | |
|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White Non-Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other, please specify _____ |

Gender:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

RN Licensure: _____
 (State) (License #) (Renewal Date)

Have you previously applied for admission to this college? Yes No Year _____

Will you be requesting financial assistance: Yes No

When do you desire to enter this college? _____ Full-time Part-time

Program interested in: _____

Previous Undergraduate and Graduate Studies (Please list all institutions attended. Failure to list all institutions is a violation of academic integrity and will lead to dismissal from College.)

Date From To	Name of School	City and State	Major	Credential Earned (Diploma, Certificate Degree, No. of Credits)

Employment: List your last two work experiences, beginning with the most recent.

Dates From To	Title of Position	Employer	City and State

OTHER INFORMATION

How did you hear about the MSN program at the College of Nursing?

(Check only one)

- College or Career Fair (name of fair: _____)
- Advertisement (publication name: _____)
- Alumni of the College of Nursing
- Current College of Nursing student
- Health Care Professional (Name _____)
- Other _____

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand that inaccurate information on any part of the application may result in cancellation of admission and/or registration.

Signature _____ Date _____