

**Supplemental Information Form  
MScN Application**

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

1. Field of study to which you are applying:
- LEADERSHIP IN NURSING EDUCATION
  - NURSING LEADERSHIP IN HEALTH SERVICES DELIVERY
  - NURSING LEADERSHIP IN HEALTH PROMOTION AND HEALING      Option 1                       2

2. Do you currently hold a CNO license to practice Nursing in Ontario? YES  NO

Type of License: RN  RN(EC)                       CNO Registration Number: \_\_\_\_\_

Include a copy of your licence with this application form.

3. Registered Nurses Association of Ontario (RNAO) Membership number : \_\_\_\_\_

Include a copy of your membership with this form. If you are not currently a member, go to <http://www.rnao.org>.

4. Describe professional activities in which you have participated other than employment (give dates). Please include any publications or reports you have authored and/or recent presentations at conferences or other meetings. You may attach a list if you prefer.

5. Please list any academic awards, achievements, honours or other distinctions you have received.

6. Describe your research interests and goals and indicate 2-4 potential thesis supervisors whose work fits with your interests. For a list of faculty member's research program, please go to:  
<http://www.uwo.ca/fhs/nursing/research/interests.html>  
<http://www.uwo.ca/fhs/nursing/research/supervision.html>

7. Will you receive or have you applied for financial support for your studies in the form of an award, scholarship, sponsorships or other sources of funding? Yes  NO   
If yes, please indicate name of the award, the dollar amount and duration of the support, and when it is to commence.

Name of Award: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Duration: \_\_\_\_\_ Start Date: \_\_\_\_\_

8. Name and Contact Information for Academic Referees (former or current professors who can comment on your academic achievement and potential)

a) Full Name and Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

b) Full Name and Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact your referees to determine if they are willing to provide a reference.

9. Attach a copy of the calendar description of your baccalaureate nursing program (for applicants who obtained their baccalaureate degree at an institution other than UWO.)
10. Application Essay: In a brief essay (maximum 4 doubled spaced pages), explain your reasons for seeking graduate education in Nursing at this time. Include a description of your short-term (5 year) and long-term (10 year) career goals, and describe the manner in which you expect graduate study to contribute to your goals. Address how your previous educational and professional experiences have prepared you to succeed in graduate school.

Submit this supplemental Application Form and all supporting documents to:

Graduate Programs Assistant  
Arthur Labatt Family School of Nursing, Faculty of Health Sciences  
Health Sciences Addition, Room H132  
The University of Western Ontario, London ON Canada N6A 5C1  
Phone: 519.661.2111 x 83409 • Fax: 519.661.3928

**Applications will be reviewed when complete (including supplemental application and documents)**