

MASTER OF SCIENCE, MAJOR IN NURSING

2007 Application

EXPLORE, ENGAGE, EXCEL!



UNIVERSITY OF MINNESOTA
SCHOOL OF
NURSING

PROGRAM INFORMATION

The Master of Science, Major in Nursing program

The graduate nursing major is offered through the University of Minnesota Graduate School and accredited by the Council on Collegiate Nursing Education. It provides two program options:

- Plan A/thesis, non-clinical: You select coursework that prepares you to explore a research topic and complete a thesis.
- Plan B/non-thesis, clinical or functional area: You prepare to integrate research into advanced nursing roles and leadership positions.

Plan B capped areas

Eleven of the Plan B areas of study are "capped," that is, have limited enrollment. Special deadlines apply (see page 3).

Capped programs are: Adult Health Clinical Nurse Specialist (AHCNS), Family Nurse Practitioner (FNP), Gerontological Nurse Practitioner (GNP), Nurse Anesthesia (NA), Pediatric Nurse Practitioner (PNP), Women's Health Care Nurse Practitioner (WHCNP), Psychiatric Mental Health Clinical Nursing Specialist (PMHCNS), Nurse Midwifery (NMW), Pediatric Clinical Nurse Specialist (PCNS), Children with Special Health Care Needs (CSHCN) and Pediatric Nurse Practitioner/Children with Special Health Care Needs (PNP/CSHCN).

2006-2007 program tuition

For current information about tuition and fees, see U of M OneStop Web site at

http://onestop.umn.edu/onestop/Tuition_Billing/Tuition_Rates.html

Financial aid

For information on financial aid, contact: Office of Student Finance, University of Minnesota, Twin Cities, 200 Fraser Hall, 106 Pleasant Street S.E., Minneapolis, MN 55455.

Telephone: 612-624-1111;

Toll-free: 800-400-8636. E-mail: helpingu@umn.edu;

Web site: <http://onestop.umn.edu/onestop/financialaid.html> .

Fellowships and assistantships

The Graduate School awards a number of fellowships to incoming students. Please refer to enclosed information on Graduate School fellowships or online at <http://www.grad.umn.edu/fellowships/> or by phone at 612-625-7579. Information on fellowships for students of color or disadvantaged students is available from the Office of Equal Opportunity in Graduate Studies, 612-625-6858 or <http://www.grad.umn.edu/oeo/finances/fellowships.html>. Graduate assistantships are also available that can help with tuition costs. Visit <http://www1.umn.edu/ohr/gae/> for more information.

ABOUT YOUR APPLICATION

Application process

Students are admitted each semester to the Master of Science, Major in Nursing program in nursing. You may apply to only one area of study.

Note that your application has two parts. One goes to the School of Nursing and the other to the Graduate School. See the checklist on page 5 for complete details. Your application will be reviewed only when all appropriate materials have been received. This includes everything listed on the checklist.

A School of Nursing committee and a committee in your area of study will review your application and make a recommendation to the Graduate School. You will be notified of the final decision of the Graduate School by e-mail approximately 10-12 weeks after the application deadline.

It is your responsibility to notify the School of Nursing of any changes in name, address, phone number or e-mail, or if you do not plan to enter the program.

Deadlines

Your complete School of Nursing application must be received or postmarked by these dates:

- August 1, 2006, for admission to spring semester, 2007
- November 1, 2006, for admission to summer semester, 2007 (and capped areas)
- January 3, 2007, for admission to fall semester, 2007

Late or incomplete applications will not be reviewed.

References—whether submitted by the people writing them, or by you along with your application—must be received by the deadline. Be sure to allow enough time.

Capped Plan B application and deadlines

Admission to the capped areas of study is based on an extensive review. Students in any area of study may request to be considered for entry into another area of study by submitting a Request for Selection form (any plan to change to another Area of Study must be discussed with the Area of Study Coordinator in the new Area of Study prior to submitting the request).

Please note that **priority will be given to capped area applications received by the November 1 deadline**. Nurse Anesthesia deadline is August 1. Applications submitted for the later deadlines will be reviewed on a space-available basis.

International students

For visa information, contact the International Student and Scholar Services Office (ISSS) at 612-626-7100 or <http://www.iss.umn.edu>. Mailing address is: International Student and Scholar Services (ISSS); 190 Hubert H. Humphrey Center; 301 - 19th Ave. S.; University of Minnesota; Minneapolis, MN 55455. E-mail: iss.umn.edu.

Important: All international students coming to the University on an F-1 or J-1 visa must be enrolled full-time each semester, regardless of whether the program is available on a part-time or full-time basis.

Students with disabilities

The School of Nursing works through the Office of Disability Services to accommodate students with disabilities. To register with Disability Services, contact 612-626-1333 or see <http://ds.umn.edu>.

Diversity and equal opportunity

The growing diversity of the nation's population underscores the need to prepare future nursing practitioners and researchers who are knowledgeable and sensitive to the population's needs. The School of Nursing seeks to admit and educate a diverse student body, both in order to enrich the students' educational experience and to prepare them to meet the health needs of a diverse society. Student body characteristics that will enhance diversity in the school include leadership qualities, a strong work, community or public service record, special talents and interests, gender (males are underrepresented in the nursing profession) and a wide range of economic, social, racial/ethnic and geographic backgrounds. The University of Minnesota is an equal opportunity educator and employer.

Privacy

All information in your application is private. It will be used exclusively for identification and to determine admission. We recommend you keep a copy of your application. We will not copy the application or parts of it for you.

REQUIREMENTS

Nursing license

As part of your application you must submit a photocopy of a current registered nurse license. Before you can begin your clinical assignments, you must obtain an RN license in the state in which you will work. International students must submit a photocopy of a current RN license from their home country with their application (see further requirement for international students below).

If you are an international nurse, you must obtain a Minnesota license by the end of your second semester in residence. You will need to pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) exam and the exam to obtain a Minnesota license (NCLEX). You are encouraged to take the CGFNS exam in your home country prior to enrollment. For more information, contact the Minnesota Board of Nursing: <http://www.nursingboard.state.mn.us> or call 612-617-2270.

Education

You must hold a baccalaureate degree. If your major is not in nursing, you must provide as part of your application written evidence of knowledge (course work or special projects) in each of the following areas: health promotion, community health nursing, leadership/management and teaching/counseling.

Grade Point Average (GPA)

Over the past five years, successful applicants typically have a GPA of 3.4 or above (on a 4.0 scale). If your GPA is lower than 3.0 but you feel that your grades do not accurately reflect your abilities, you may still apply and be considered for admission. You might wish to submit a Graduate Record Exam (GRE) score and describe the circumstances surrounding the GPA below 3.0.

Graduate Record Exam (GRE) scores

You do not need to submit Graduate Record Exam scores unless you submit narrative, pass/no-credit or other ungraded notations for a majority of the credits toward your baccalaureate degree in your major field of study. The GRE must have been taken after October 1, 2002. This revised test includes the new analytic writing test.

Capped Plan B experiential expectations

The following Plan B areas of study have minimum experiential expectations:

- GNP: requires one year of work experience with older adults
- PNP and PCNS: require one year of clinical experience, preferably with the population in the anticipated area of practice

- CSHCN: requires 1 year of experience with children and families, and demonstrated leadership potential
- AHCNS: requires 6 months to 1 year of clinical experience in medical-surgical nursing in the U.S.
- NMW: requires 1 year of clinical experience, preferably in labor and delivery
- PMHCNS: current psychiatric nursing experience recommended
- WHNP: one year of clinical experience in women's health strongly recommended
- FNP: 2 years of clinical experience recommended
- NA: requires at least 1 year of critical care nursing experience; adult surgical intensive care or medical intensive care experience is preferred.

Call the School of Nursing for more information on how to fill expectations for these areas.

English language proficiency

If your native language is not English, you must take the Test of English as a Foreign Language (TOEFL) and score at least 586 (or 240 computerized). Information is available on the TOEFL website at <http://www.toefl.org>. If the TOEFL is not available in your country, you must take the Michigan English Language Assessment Battery (MELAB) and score at least 85. Information about the MELAB is available at <http://www.lsa.umich.edu/eli/melab.htm>.

You are exempt from taking the test if, within the past 24 months, you have completed 24 quarter credits or 16 semester credits in residence as a full-time student at a recognized institution of higher learning in the United States. Transfer students may be asked to take a locally administered English test after arrival on campus.

Immunization

You must obtain health clearance from the Boynton Health Service (on-campus health center) as a condition of enrollment. If admitted, you will receive an Immunization Clearance form to be completed by a health care provider. Immunization includes: Mantoux Tuberculin Test (two-step); Measles/Mumps/Rubella (MMR, two-step); Hepatitis B (three-step); Varicella (two-step); Tetanus/Diphtheria. For additional information, see the Boynton Health Service Web site: <http://www.bhs.umn.edu>. You may request a declination if the vaccine is contraindicated because of potential allergic reactions or pregnancy. A health care provider signature is required.

APPLICATION CHECKLIST

Submit the following School of Nursing application materials to:

University of Minnesota School of Nursing
Enrollment Management - M.S. Program
5-160 Weaver-Densford Hall
308 Harvard Street S.E.
Minneapolis, MN 55455

We recommend that you enclose these documents in one envelope unless otherwise noted.

School of Nursing Application form

Complete all sections, except where noted "Optional."

A copy of your U of M Graduate School application

Photocopies of all official transcripts

(See opposite column.)

GRE scores

If applicable: see page 4.

Two completed Admission Reference forms

Two references from past professors or supervisors are required. You must use the forms included with this application. You or the writer must send them to the school by the appropriate deadline.

Nurse Anesthesia references (in addition to the Admission Reference forms)

Nurse anesthesia applicants must submit three completed Clinical Performance Reference forms. You may ask the same individuals to complete both references (i.e., three references completing five reference forms).

Photocopy of your current RN license

English language proficiency test scores

Submit photocopies of your scores, if applicable (see page 4).

Submit current resume (attach copies of publications).

Submit the following Graduate School application materials to:

University of Minnesota Graduate School
309 Johnston Hall
101 Pleasant Street S.E.
Minneapolis, MN 55455

Submit these materials in manner indicated.

You must also submit one of the following, depending on whether you already have a graduate degree from the University of Minnesota

If not a U of M Graduate School graduate:

U of M Graduate School application and \$55 fee (\$75 for international students)

This form is available online at: <http://www.grad.umn.edu>. It must be submitted online, and the fee paid with a major credit card. (Be sure to print a copy of the Graduate School application for your records prior to hitting "send;" once the application has been "sent," it cannot be retrieved.)

OR

If you already have U of M Graduate degree, or have previously been admitted to the Graduate School in another program of study:

U of M Change of Status form and \$40 fee

This form can be obtained from the Graduate School Web site: http://www.grad.umn.edu/current_students/registration/readmission.html or by calling 612-625-8060. Submit by mail.

AND

Official transcripts from all institutions

An official transcript/s from each post-secondary institution you have attended must be sent directly from those institutions to the Graduate School. You should request a second transcript that you can copy and send to the School of Nursing (see opposite column) and to keep for your own records.

If you are applying for a dual degree in Nursing and Public Health

- Call the School of Public Health for application materials and requirements.



2007 APPLICATION

MASTER OF SCIENCE, MAJOR IN NURSING PROGRAM

Please follow the accompanying instructions when filling out this application. You must complete this form entirely. Submit it and all materials listed on the School of Nursing Application Checklist on page 5 to the School of Nursing. Type or print clearly. All requested information is required, except where noted. Remember to keep a copy of this application, including recommendations, for your records. **2007 Deadlines: August 1, 2006 for spring semester; November 1, 2006 for summer; January 3, 2007 for fall.**

A PERSONAL INFORMATION

Last name _____ First _____ Middle _____ Previous U of MN ID# _____

Mailing address (street, apartment number) _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email address (use U of MN email if available) _____

B RESIDENCY INFORMATION

Birthplace: City _____ State _____ Country _____

Country of citizenship _____

If you are not a U.S. citizen, what type of visa do you have or expect to secure?

0-1 _____ F-1 _____ Permanent resident _____ Other (specify): _____

C ENGLISH LANGUAGE PROFICIENCY

See page 4 of instructions for information about tests and exemptions.

English is my native language or I qualify as being exempt from taking the TOEFL or iBT exam.

English is not my native language. I have completed the TOEFL or iBT exam and am enclosing a photocopy of my scores with this application, along with the information below.

Exam date _____ Exam taken (iBT OR TOEFL) _____

Score _____

D**PROGRAM SELECTION**

Please check one of the options below. (See page 2 of the instructions for information.)

Plan A: thesis, non-clinical program

If you select this option, you must contact the Director of Graduate studies before submitting your application.

Plan B: non-thesis, clinical or functional specialty

If you select this option, check one of the areas of study listed below in either the capped or non-capped areas. (See pages 2, 3 and 4 of instructions for information.)

Plan B capped areas and semester of admission (when coursework begins)

Children with Special Health Care Needs (CSHCN): Summer

Family Nurse Practitioner (FNP): Summer

Gerontological Nurse Practitioner (GNP): Summer

Nurse Anesthesia (NA): Summer

Pediatric Clinical Nurse Specialist (PCNS): Summer

Pediatric Nurse Practitioner/Children with Special Health Care Needs (PNP/CSHCN): Summer

Pediatric Nurse Practitioner (PNP): Summer

Adult Health Clinical Nurse Specialist (AHCNS): Fall

Nurse Midwifery (NMW): Fall

Psychiatric-Mental Health Clinical Nurse Specialist: (PMHCNS) Fall

Women's Health Care Nurse Practitioner (WHCNP): Fall

Plan B non-capped areas

Gerontological Clinical Nurse Specialist

Nursing and Healthcare Systems Administration

Nursing Education

Public Health Nursing

Public Health Nursing/Adolescent

E**DUAL DEGREE**

Please check one:

I plan to apply for a dual degree: an MS in Nursing with Public Health Nursing as my area of study, and an MPH in the School of Public Health. (See page 5 of instructions.)

I do not plan to apply for a dual degree in Public Health.

F**PROFILE ESSAYS**

Please respond to all of the following essay questions. Prepare your responses carefully, because they are your opportunity to tell the Admissions Committee about yourself in ways that might not be evident from your academic record. The School seeks to admit and educate a diverse student body, both in order to enrich the students' educational experience and to prepare them to meet the health needs of a diverse society. Student body characteristics that will enhance the diversity in the school include leadership qualities, a strong work record, community or public service record, special talents and interests, gender (males are underrepresented in the nursing profession), and a wide range of economic, social, racial/ethnic and geographic backgrounds. Each essay should be approximately 250 words long—one page. Use a separate sheet of paper for each question. Type and double-space your answers, and put your name on all sheets.

Essay 1: What are your short-term and long-term professional goals for after you complete a master's degree with a major in nursing? Please be as specific as possible. If there is a particular area of study and/or client population you want to focus on during your graduate study, please elaborate.

Essay 2: Describe your professional leadership, research and work experience in relation to practice settings, client populations served, number of years of experience and how they have prepared you for graduate education in nursing.

Essay 3: What research question(s) or what areas of inquiry would you like to pursue in your coursework?

Essay 4: What other information would you like the Admissions Committee to know about you and how you would enhance the diversity of the student body (see diversity characteristics above).

G**BACKGROUND**

Minnesota State Law requires that health care facilities complete background checks on all employees (and students). If an employee (or student) has been convicted of certain crimes, he/she may not be allowed to work in that facility. All prospective nursing students need to be aware of this law, because a student convicted of these crimes may be unable to complete the clinical requirements of the nursing program. All questions should be addressed to: Minnesota Department of Human Services, Division of Licensing, Background Study Unit, 444 Lafayette Road, St. Paul, MN 55155-3842.

If you answer the following questions in the affirmative, you will not be excluded for review for admission.

Your circumstances will be individually evaluated.

Have you ever been found guilty of cheating or any other disciplinary offense at any college or professional school? If yes, please describe on a separate sheet the offense, sanction, date of occurrence and circumstance. Please include any disciplinary action taken by a regulatory board of professional practice.

Yes No

H
CERTIFICATION

I certify that, to the best of my knowledge, all information I have provided on this application and in supporting documentation is correct, complete and composed by me. I understand that any omission, information or misrepresentation may void my admission or result in dismissal or revocation of any degree awarded upon this admission.

Privacy Statement: The information requested on this application will be used to identify you and determine your qualifications for admission to this program. Demographic information is optional; all other items are required. Failure to provide required items may result in your application not being considered. The private information on this form is accessible only to staff, the School of Nursing Graduate Admissions and Progressions Committee, employees at the University who have a need to know the information to perform their job responsibilities and outside organization and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file except for any confidential letters of recommendation (if applicable) for which you have waived access. No one else may review your file without your written consent or a subpoena or court order.

Applicant's signature

Date

I
CONTACT

Please send this application to the address below. Depending on the semester for which you are seeking admission, it must be received or postmarked no later than August 1, 2006, November 1, 2006, or January 3, 2007. (See page 3 for more information.)

Enrollment Management - Master's Degree
University of Minnesota School of Nursing
5-140 Weaver-Densford Hall
308 Harvard Street S.E.
Minneapolis, MN 55455

Phone: 612-625-7980
Toll-free: 800-598-8636
Fax: 612-625-7727
E-mail: SONStudentInfo@umn.edu
Web site: <http://www.nursing.umn.edu>

DEMOGRAPHIC INFORMATION

The School of Nursing seeks to admit and educate a diverse student body, both in order to enrich students' educational experiences and to prepare them to meet the health needs of a diverse society. Student body characteristics that will enhance diversity in the school include leadership qualities, a strong work, community or public service record, special talents and interests, gender (males are underrepresented in the nursing profession), and a wide range of economic, social, racial/ethnic and geographic backgrounds.

The information requested below is optional. It may be used to support Affirmative Action efforts in the admissions process, and will be used for summary reports required by federal and state laws and regulations.

You will not be penalized if you choose not to provide this information.

Name

Gender:

- Male
 Female

Predominant ethnic background:

- White
 Black
 American Indian or Alaskan native
 Asian or Pacific Islander
 Multi-ethnic background or other (please list)
1) _____
2) _____

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.

Inquiries regarding compliance may be directed to the Director, Office of Equal Opportunity and Affirmative Action, University of Minnesota, 419 Morrill Hall, 100 Church Street S.E., Minneapolis, MN 55455, 612-624-9547, eoaa@umn.edu. Web site <http://www.eoaffact.umn.edu>.



2007 ADMISSION REFERENCE FORM

MASTER OF SCIENCE, MAJOR IN NURSING PROGRAM

The person whose name appears below has applied for admission to the University of Minnesota School of Nursing Master's program. The Graduate Admissions Committee at the school would appreciate your assessment of the candidate's professional abilities and personal qualities. Please complete this reference and return it to the candidate in a sealed envelope, with your signature over the seal, or to the address on the other side of this form. **The reference must be submitted by one of the following deadlines whether it is by you or the applicant: August 1, 2006, for spring 2007; November 1, 2006, for summer 2007; or January 3, 2007, for fall 2007.**

TO BE FILLED IN BY APPLICANT

| | | | |
|--|------------|--|----------------------|
| Last name | First | Middle | Previous U of MN ID# |
| Mailing address (street, apartment number) | | | |
| City | State | | Zip |
| Home phone | Cell phone | Email address (use U of MN email if available) | |

I hereby voluntarily **waive** and relinquish any right of access to this confidential letter of evaluation.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

TO BE FILLED IN BY EVALUATOR

How well do you know the applicant:

very well fairly well minimally unknown

How long and in what context do you know the applicant?

Please see the next page for additional information

1. Please evaluate the applicant in comparison to all others applying to a graduate degree program:

| APPLICANTS ABILITIES | TOP 5% | TOP 10% | TOP 25% | TOP 50% | BELOW AVERAGE | UNABLE TO ASSESS |
|--|--------|---------|---------|---------|---------------|------------------|
| Intellectual capability | | | | | | |
| Nursing Competency (if applicable) | | | | | | |
| Personal integrity | | | | | | |
| Motivation/Initiative | | | | | | |
| Dependability | | | | | | |
| Emotional maturity | | | | | | |
| Ability to work with others | | | | | | |
| Quality of written communication | | | | | | |
| Quality of oral communication | | | | | | |
| Analytical ability | | | | | | |
| Leadership potential | | | | | | |
| Potential for success in advanced practice (MS Program applications) | | | | | | |
| Potential for success as a researcher/scholar (PhD applicants) | | | | | | |

Strongly recommend Recommend Recommend with reservations Do not recommend

2. Please submit a one page-letter of recommendation in which you:

- Evaluate the applicant's preparation, initiative, and aptitude for independent work following completion of the M.S. degree (MS Program applicants) or PhD degree (PhD Program applicants).
- Evaluate the applicant's maturity, motivation, self-confidence and strength of commitment to an advanced practice career (MS Program applicants) or a research career (PhD Program applicants).
- Describe strengths and weaknesses in the applicant's oral and written communication skills.

FURTHER COMMENTS ABOUT THE APPLICANT

Refer to previous page for application due date. Please mail this form and your letter to the following address: University of Minnesota School of Nursing, Enrollment Management - M.S Program, 5-140 Weaver-Densford Hall, 308 Harvard Street S.E., Minneapolis, MN 55455
OR

Fax this form and your letter to the following number: 612-625-7727 and mail the original to the above address.

OR

Give this form and your letter to the applicant in a sealed envelope with your signature over the seal.

EVALUATOR INFORMATION

Name and Degree(s)

Title/Employer

Work address

Phone number

Signature

Date

| | Score |
|---|--------------|
| 3. Work planning Comments: | _____ |
| 4. Technical competencies within the professional working field (i.e. manual dexterity). Comments: | _____ |
| 5. Documentation and record keeping Comments: | _____ |
| 6. Judgment (basic knowledge applied without aid) Comments: | _____ |
| 7. Ability to handle emergency situations Comments: | _____ |
| 8. Leadership ability Comments: | _____ |
| 9. Dependability (promptness, use of sick leave, etc.) Comments: | _____ |
| 10. Motivation (self-development activities) Comments: | _____ |
| 11. Integrity and professional ethics Comments: | _____ |
| 12. Active interest in professional organizations Comments: | _____ |

EVALUATION IS BASED UPON

Frequent contact Occasional contact Infrequent contact

Signature

Date

Title

This evaluation will not be made available to the applicant.

Mail completed reference form to:

School of Nursing Enrollment Office - M.S. Programs

5-140 Weaver-Densford Hall

308 Harvard St. SE

University of Minnesota

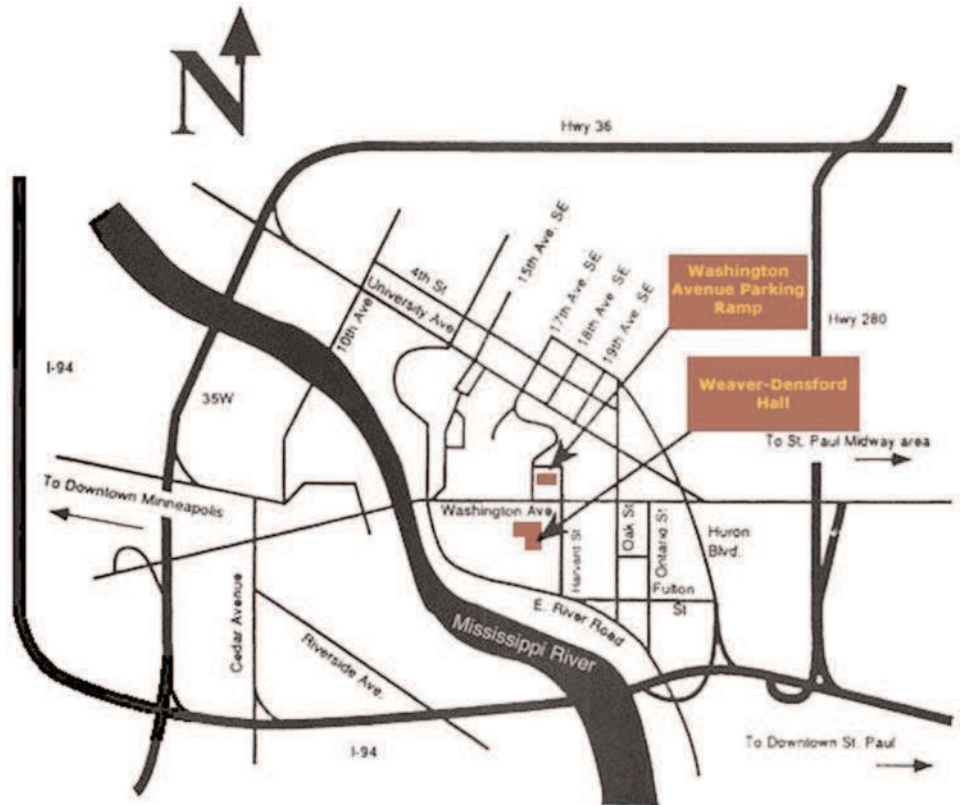
Minneapolis, MN 55455

DIRECTIONS TO THE SCHOOL OF NURSING

The School of Nursing is located in Minneapolis, Minnesota, on the University of Minnesota East Bank campus, east of downtown Minneapolis. It is on the corner of Washington Avenue and Harvard Street in Weaver-Densford Hall.

Parking is available in the Washington Avenue Parking Ramp, directly across Washington Avenue from the School.

For more directions and parking options, see: <http://www.nursing.umn.edu/visit.html>.



University of Minnesota School of Nursing
5-140 Weaver-Densford Hall
308 Harvard Street SE
Minneapolis, MN 55455

| | |
|----------------------------|---|
| School of Nursing | 612-624-9600 (Twin Cities) |
| Office of Student Services | 612-625-7980 |
| Toll-free | 800-598-8636 |
| E-mail | sonstudentinfo@umn.edu |
| Web site | http://www.nursing.umn.edu |

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