

**University of South Alabama  
College of Nursing  
Master of Science in Nursing**

**Summer 2014**



***Supplemental Application Packet***

*Application Instructions are located on the [MSN Admissions Page](#).*

**This application can only be submitted via email. Do not mail.**

Phone: (251) 445-9400

E-mail: [congrad@usouthal.edu](mailto:congrad@usouthal.edu)

**Section 1 – Identification Information**

**PLEASE NOTE: The Supplemental Application Packet is a fillable PDF file. This application must be completed, and then saved as a new file. The new file name should be first initial+last name+Nursing CAS number. Then submit the application via email to [congradapp@southalabama.edu](mailto:congradapp@southalabama.edu). Handwritten applications will not be accepted.**

**NursingCAS ID:** \_\_\_\_\_

If you have not yet visited the NursingCAS website, please do so: [NursingCAS Application Portal](#)

**Legal Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Name Prefix:** Mr. Mrs. Ms. Other \_\_\_\_\_ **Name Suffix:** (Jr., Sr., III, etc.) \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_ **Maiden/Other Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**State of Legal Residence:** \_\_\_\_\_ **County of Legal Residence:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Re-enter E-mail Address:** \_\_\_\_\_

**Your e-mail address will be the primary form of communication throughout the application process. You will be sent a confirmation e-mail after your application packet has been received by the College of Nursing. Please monitor this e-mail address on a regular basis throughout the application process for important updates regarding your application.**

~~ **Additional Identification Information** ~~

**Have you ever applied to the USA College of Nursing MSN Program before?**  Yes  No **If yes, when?** \_\_\_\_\_

**Have you ever taken courses at USA?**  Yes  No **If yes, what was your student number?** \_\_\_\_\_

**Have you ever graduated from USA?**  Yes  No

**If yes, have you attended any colleges or universities since you last enrolled at USA?**  Yes  No

**Did any of your family members graduate from USA?**  Yes  No **Relationship(s):** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **\*Social Security#:** \_\_\_\_\_

(Note: Non-citizens **must** apply to the [Office of International Services](#).)

**\*\*Race – Choose any of the following:**

\* Your Social Security Number is optional as an applicant to the University of South Alabama and is used for identification purposes to match and process your application with supporting documents; however, your Social Security Number is required when you apply for financial aid.

\*\* Information relating to your ethnic background is requested for reporting requirements to the Department of Education. The data requested will be used only for the required reports to this agency and will not be used in the admissions process in any way.

**Failure to answer all questions below will prevent your application from being processed.**

1. I declare that I am a United States Citizen. I understand that Alabama law provides that any person who knowingly makes a false, fictitious, or fraudulent statement or representation regarding U.S. citizenship shall be guilty of a criminal act, perjury in the second degree pursuant to Ala. Code 13A-10-102.  Yes  No
  2. If you answered no to question one. I declare that upon enrollment I will be an alien lawfully present in the United States. I understand that Alabama law provides that any person who knowingly makes a false, fictitious, or fraudulent statement or representation regarding lawful presence in the United States shall be guilty of a criminal act, perjury in the second degree pursuant in Ala. Code 13A-10-102.  Yes  No
  3. Have you ever been found responsible for a disciplinary violation, academic or behavioral, at a college university or other postsecondary institution which resulted in your probation, suspension, removal, dismissal, or expulsion?  Yes  No
  4. Have you ever been convicted of or plead guilty to a crime, other than a minor traffic offense, or are there any criminal charges pending against you?  Yes  No
- If you answered yes to question #3 or question #4, please provide specific information about the charges and the status of the charges in a separate file.**

## Section 2 – Current/Previous College Information

*College Name (Full name - do not list by initials.)	College City, State	*Dates of Attendance		Degree Earned/Major
		From (Month/Year)	To (Month/Year)	

**Please note:** Applicants may not disregard any part of their educational history. Failure to report all institutions previously attended will be cause for cancellation of the admissions process or for dismissal from the University. It is the responsibility of the applicant to request required official documents to be mailed directly from the institution to NursingCAS (at least four weeks) prior to the application deadline.

\*Please list dates starting with the most recent. If you've attended more than five colleges, list additional schools in a separate file.

## Section 3 – Proposed Specialization

1. Please check every **nursing degree that you have successfully completed:**

RN     
  BSN     
  MSN     
  Post Graduate Nursing Certificate     
  DNP     
  PhD

2. If you are currently enrolled in a nursing program, please check that program:

RN     
  BSN     
  USA's Accelerated BSN     
  USA's RN-BSN/MSN     
  MSN  
 Post Graduate Nursing Certificate     
  DNP     
  PhD

3. If you have completed an MSN and/or Post Graduate Nursing Certificate or you are currently enrolled in either program, please select the specialization of each degree from the following lists – beginning with the most recent:

	Are you currently certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently certified? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. I am applying for admission to the following MSN program **track (Part 1)** and **concentration within the track (Part 2)**:  
*Applicants will only be considered for one track and one concentration per application schedule.*

## Section 4 – Professional Information

If you are a licensed RN, please include your license number and expiration date for each state. (If licensed in multiple states, please list the state in which you plan to complete your clinicals **first**.)

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Please list complete date: mm/dd/yy)

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am currently enrolled in or have recently graduated from a BSN program; therefore, I am not yet a registered nurse.

## Section 5 – Supplemental Application Signature Verifications and Payment

In addition to submitting this online form via email, you will need to complete the Supplemental Application Signature Verification and Payment form. This form can be found at the following link ([Signature Form](#)). You will need to complete this form on your computer, print and sign in ink and mail it to University of South Alabama, College of Nursing (address is listed on front page of form), along with the Supplemental Application fee. Your application will be considered incomplete until this additional form is received.

## Section 6 – Mandatory On-Campus Orientation

If accepted into the MSN program, I will plan to attend the mandatory orientation, as scheduled by my track coordinator, prior to enrolling in clinicals and specialty courses in the fall term. I understand that I will be notified, in advance, of the orientation date(s) so I can make appropriate arrangements. I further understand that failure to attend the mandatory on-campus orientation will result in my administrative withdrawal from my classes and possible withdrawal from the MSN program entirely. **(This is a pre-clinical orientation. There is no pre-program orientation.)**

I have read the above and understand the requirement to attend the pre-clinical orientation.

## Section 7 – Curriculum Vitae/Resume

Please attach a typed curriculum vitae (CV) or resume to the email sending the Supplemental Application to denote all RN experience, employment history, certifications, publications, etc. Please be as thorough as possible, as this information will be reviewed intensely by the Admissions and Progressions Committee.

## Section 8 – Acknowledgment of Equipment and Clinical Requirements

I understand that all MSN and Post-Graduate Certificate students will be required to purchase the *Secureexam Remote Proctor* for testing purposes. The camera and one-year monitoring contract will cost approximately \$235.00.

Specialty tracks within the College of Nursing Graduate Program require a practice component. Although faculty members assist students in locating appropriate practice/clinical sites, it is ultimately the student's responsibility to secure a site and preceptor. Students who are unsuccessful in being accepted by an agency in their home community may have to travel to another area to complete practice requirements or withdraw from the program. Please review the list of clinical affiliations found under the "Current Student" tab on the College of Nursing website at <http://www.southalabama.edu/nursing/ClinicalAgencies.html>. If there is not a clinical site listed near you or you are interested in a site not listed, negotiations should be initiated as soon as you begin the program through the Track Coordinator for your specialty.

I have read the above and understand that it is my responsibility to secure a clinical site and preceptor.

## Section 9 – Instructions for Submission Processing

As stated in the Primary Application Instructions (Primary Application Instructions) this pdf should be downloaded on your PC, completed with adobe, and then re-saved under a different file name. Please save the completed form with the file name that includes your first initial+last name+Nursing CAS ID number. When you have finished completing the form and saved it as a new file you will need to email the file along with a copy of your Vita/Resume to [congradapp@southalabama.edu](mailto:congradapp@southalabama.edu)

I have mailed the Supplemental Application Signature Verification and Payment form along with a \$50.00 *nonrefundable* application fee (check or money order made payable to: USA College of Nursing) and I understand that there is a \$20.00 fee on all returned checks.