



LOYOLA
UNIVERSITY
NEW ORLEANS

APPLICATION FOR MSN ADMISSION
MASTER OF SCIENCE IN NURSING

Date submitted: _____

To which program are you applying (Check One):

- Online MSN - Health Care Systems Management (HCSM)
 Online Bridge to (MSN-HCSM)

When do you wish to begin the program? Year _____ Semester _____

PERSONAL INFORMATION

Name _____
Last First Middle/ Maiden

Social Security Number _____ Female Male

Address _____
Street City/ State Zip

Home Phone (____) _____ Business Phone (____) _____ Email Address _____

Employer Name _____

Date of Birth _____ Country of Citizenship _____
mm/dd/yy

Type of Visa or Permanent Resident Card Number (if not a U.S. Citizen) _____

Registered Nurse License: State: _____ Number _____

Ethnicity: Hispanic/ Latino Not Hispanic/ Latino Decline to Identify

Race: (Voluntary – will be used in a nondiscriminatory manner, consistent with applicable civil rights law.) Check 2 or more if applicable.

- Alaskan Native/ American Indian Asian
 African American/ Black Native Hawaiian/ Pacific Islander
 Caucasian/ White Decline to Identify

List the total number of undergraduate hours of course work (graded C or higher) you have in the following category:

All Applicants:

Statistics 6 crs. Yes _____ No
Where?

EDUCATIONAL BACKGROUND

Beginning with most recent, list in chronological order every college/ university you have attended. If a degree is pending, indicate the date on which it will be awarded. You must submit official transcripts from each college or university you have attended. List the other name(s) under which credentials may be received:

School Name:	Location	Date Attend	Degree/ Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL / WORK EXPERIENCE

Beginning with the most recent, list in chronological order positions held in clinical nursing. Complete this section in lieu of resume.

Employer / Location	Position Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Does your employer have a tuition reimbursement program for which you will be eligible while enrolled in the MSN program?

Yes No Uncertain

Do you plan to apply for financial aid assistance (including loans)?

Yes No Uncertain

Upon completing the MSN program degree, do you intend to practice in any of the following practice settings?
(Check any which apply)

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Health Professionals Shortage Area | <input type="checkbox"/> National Health Service Corps Site |
| <input type="checkbox"/> State or Local Health Department | <input type="checkbox"/> Federally Qualified Health Centers |
| <input type="checkbox"/> Health Care for the Homeless Center | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> Public Housing Primary Care Center | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Ambulatory Practice Sites Designated | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> By State governors | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other Rural or Underserved Populations | <input type="checkbox"/> Other _____ |

If you have attended Loyola University, please sign below indicating your permission for release of your transcripts to the Office of Admissions.

Signature _____ Date _____

I certify that the above information on this application is accurate and complete. I acknowledge that any omissions or inaccurate information could jeopardize my standing with Loyola University New Orleans.

Signature _____ Date _____

IMPORTANT! Please attach to this application:

1. A well-thought out, type-written, double-spaced goal statement, approximately one page in length, describing career goals and interest in graduate education, and 2.) \$20 application fee (\$40 fee for online HCSM), check made out to Loyola University.

RETURN TO GRADUATE ADMISSIONS, SCHOOL OF NURSING:

6363 ST. CHARLES AVENUE, BOX 45 • NEW ORLEANS, LOUISIANA 70118 • Phone: (504) 865-3142 • Fax (504) 865-3254