



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	Dates Attended	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.) \$40 application fee, check made out to Loyola University.

RETURN TO: LOYOLA UNIVERSITY NEW ORLEANS, GRADUATE ADMISSIONS, SCHOOL OF NURSING
851 TRAFALGAR COURT, SUITE 420 • MAITLAND, FL 32751 • Phone: (866) 789 - 9809 • Fax (866) 789 - 5607