

**Minnesota State University, Mankato
School of Nursing**

Graduate Nursing Program Application

Introduction

To be considered for admission into one of the nursing graduate programs, applicants must complete this form which addresses admission requirements and professional resume information.

Applicant:

Last Name _____	First _____	Middle _____	Maiden _____
Address _____		County _____	
City/State/Zip _____		Home Phone _____	
Social Security Number _____		Work Phone _____	
Home E-mail Address _____		Cell Phone _____	
Work E-mail Address _____		Fax Number _____	

Education:

A. Undergraduate	City, State	Dates	Degree/ Major	NLNAC or CCNE Accreditation
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bachelor's Degree Completed Yes No If no; give date of expected graduation _____

B. Graduate	City, State	Dates	Degree/Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Master's in Nursing Degree Completed? Yes No Specialty _____

APRN Certification: Certification? Yes No

Certification Examination: Date first taken _____

Expiration date of current Certification _____

RN Licensure: In MN Yes No If Yes, verification sent? Yes No
Application submitted _____ (date)

In another state? Yes No If yes, list state(s) _____

Advanced Practice Program Desired (check one)

- | | |
|---|--|
| <input type="checkbox"/> 1. Family Nurse Practitioner (FNP) | <input type="checkbox"/> 4. Post-Nursing Master's: (FNP) |
| <input type="checkbox"/> 2. BSN to DNP (with FNP focus) | <input type="checkbox"/> 5. Post-Nursing Master's: DNP (must have national APRN certification) |
| <input type="checkbox"/> 3. Nurse Educator | <input type="checkbox"/> 6. Post-Nursing Master's: (NE) |

Professional Resume

Create a professional resume that includes the following information:

- a) Name, address, phone, cell phone, email, and any other contact information
- b) Education (degree, institution, major, date degree conferred)
- c) RN Licensure #
- d) Certifications
- e) Professional employment history as a registered nurse (institution, city, state, position title, dates, percent time worked)
- f) Honors, awards, and scholarships
- g) Professional organization memberships
- h) Leadership positions/involvement in professional organizations and employment situations (past and current)
- i) Scholarly activities including publications, professional presentations, research activities, and or consultation (local, regional, national, international)
- j) Professional service activities

Applicant's Signature

Date

Please submit your completed application to:

Minnesota State University-Mankato
School of Nursing
7700 France Avenue S. #360
Edina, MN 55435