



School of Nursing
Master of Science in Nursing (MSN) Graduate Application Checklist
This checklist must be submitted with your MSN Graduate Application Packet

Name (print): _____

Email Address: _____

Phone: _____

	For Student	For Office Use Only
1. Online Program Application to Extended Learning submitted PRIORITY DEADLINE: May 1st	<input type="checkbox"/>	<input type="checkbox"/>
2. Program Application Fee of \$50 paid	<input type="checkbox"/>	<input type="checkbox"/>
3. One set of official transcripts from all colleges and universities attended forwarded to Extended Learning	<input type="checkbox"/>	<input type="checkbox"/>
4. Recommendation #1: Faculty member from undergraduate nursing program	<input type="checkbox"/>	<input type="checkbox"/>
5. Recommendation #2: Current supervisor	<input type="checkbox"/>	<input type="checkbox"/>
6. One to two page essay outlining professional and educational goals	<input type="checkbox"/>	<input type="checkbox"/>
7. Copy of California RN license submitted with Graduate Application	<input type="checkbox"/>	<input type="checkbox"/>
		Expiration: _____
8. Resume	<input type="checkbox"/>	<input type="checkbox"/>
9. Undergraduate nursing research course completed. If course is in progress, list date of completion.	<input type="checkbox"/>	<input type="checkbox"/>
	Course name/no: _____ Year: _____ Grade: _____ School: _____	
10. Undergraduate statistics course completed. <u>Course must include inferential statistics content.</u> If course is in progress, list date of completion.	<input type="checkbox"/>	<input type="checkbox"/>
	Course name/no: _____ Year: _____ Grade: _____ School: _____	
11. Completion of undergraduate or graduate level bioethics course. If course is in progress, list date of completion.	<input type="checkbox"/>	<input type="checkbox"/>
	Course name/no: _____ Year: _____ Grade: _____ School: _____	
11. Completion of undergraduate physical assessment course. If course is in progress, list date of completion.	<input type="checkbox"/>	<input type="checkbox"/>
	Course name/no: _____ Year: _____ Grade: _____ School: _____	
12: Completion of undergraduate program in nursing.	<input type="checkbox"/>	<input type="checkbox"/>
	Conferral Date: _____ School: _____	

For Office Use Only:

Specialty Track: _____

Accepted: _____

Denied: _____

Letter Mailed: _____