

**SCHOOL OF NURSING**

**Master of Science in Nursing (MSN)  
Graduate Application**

Type or Print in Black Ink

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Email Address: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

What is your ethnic background? (Optional) \_\_\_\_\_

What is your gender? (Optional) Female \_\_\_\_\_ Male \_\_\_\_\_

Age (Optional) \_\_\_\_\_

Identify first and second choice.

- Nursing Administration
- Nursing Education
- School Health Option
- Clinical Nurse Specialist Option: Psych-Mental Health
- Adult Acute Care Nurse Practitioner Option
- Adult Primary Care Nurse Practitioner Option
- Family Nurse Practitioner Option
- Pediatric Acute Care Nurse Practitioner Option
- Psych-Mental Health Nurse Practitioner Option

List all colleges and universities attended. Begin with the most RECENT University.  
(**Transcripts must be sent from all**).

Institution	Address & Phone #	Degree completed	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

CREDENTIALS: List all Licenses, Certification, and Credentials

1. \_\_\_\_\_

2. \_\_\_\_\_

**HONORS AND RECOGNITIONS**

**PROFESSIONAL AND COMMUNITY ACHIEVEMENTS:** Identify your participation and leadership roles. (Add 1 page summary or attach a resume).

1. Professional  
Organizations:

2. Community:

3. Presentations/Publications:

**WORK EXPERIENCE:** List all professional work experience over the past ten years beginning with the **present** or most **recent**.

1. Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates From \_\_\_\_\_ To \_\_\_\_\_

Job Description:

Reason for Leaving:

\_\_\_\_\_

2. Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates From \_\_\_\_\_ To \_\_\_\_\_

Job Description:

Reason for Leaving:

\_\_\_\_\_





**Please check the appropriate box.**

RATING CRITERIA	HIGH					COMMENTS
	5	4	3	2	1	
1. QUALITY-Maintains excellent in assignments completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. PROFESSIONAL KNOWLEDE-Demonstrates understanding and application of professional nursing knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. PRODUCTIVILY-Work is at high output level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. DEPENDABILITY-is reliable, prompt and accurate in the Completion of tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. INITATIVE-Assesses need for and takes action with minimum of direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. APPEARANCE-Attire and demeanor are appropriate to the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. INTERPERSONAL RELATIONSHIPS-Relates well to peers, supervisors, subordinates and other members of health care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. PATIENT RELATIONSHIPS-Demonstrates understanding of patient needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. COOPERATIVENESS-Willingly accepts assignments needed to accomplish common goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. CONSTRUCTIVE CRITICISM-Accepts and uses as an opportunity for growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Thank you for your interest and participation



**Please check the appropriate box.**

RATING CRITERIA	HIGH					LOW					COMMENTS
	5	4	3	2	1	5	4	3	2	1	
1. QUALITY-Maintains excellent in assignments completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. PROFESSIONAL KNOWLEDE-Demonstrates understanding and application of professional nursing knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3. PRODUCTIVILY-Work is at high output level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4. DEPENDABILITY-is reliable, prompt and accurate in the Completion of tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. INITATIVE-Assesses need for and takes action with minimum of direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6. APPEARANCE-Attire and demeanor are appropriate to the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7. INTERPERSONAL RELATIONSHIPS-Relates well to peers, supervisors, subordinates and other members of health care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8. PATIENT RELATIONSHIPS-Demonstrates understanding of patient needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9. COOPERATIVENESS-Willingly accepts assignments needed to accomplish common goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10. CONSTRUCTIVE CRITICISM-Accepts and uses as an opportunity for growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Thank you for your interest and participation

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
SCHOOL OF NURSING**

**Master of Science in Nursing (MSN)**

**ESSAY**

This essay should highlight professional goals, and reasons for expanding your professional role and examples that illustrate your ability and potential for working as an advance practice nurse **SPECIFIC** to your chosen option.  
(Maximum two pages double spaced)

Attach extra sheet as needed.