

FOR OFFICE USE ONLY:

- COMPLETE
 INCOMPLETE

Option: _____

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

Name (print) _____ CIN _____

Email Address: _____

Requirements	STUDENT <input checked="" type="checkbox"/> /LIST DATE	For Office Use Only
Online application to the University completed	<input type="checkbox"/>	<input type="checkbox"/>
Official transcripts to the University submitted	<input type="checkbox"/>	<input type="checkbox"/>
SON Graduate Application completed and signed <input type="checkbox"/>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Option 1: <input type="checkbox"/> Option 2:
Official Transcripts (all transcripts listed on MSN application)	<input type="checkbox"/>	<input type="checkbox"/>
Professional recommendation #1	<input type="checkbox"/>	<input type="checkbox"/>
Professional recommendation #2	<input type="checkbox"/>	<input type="checkbox"/>
Typed Essay	<input type="checkbox"/>	<input type="checkbox"/>
Copy of California RN license	<input type="checkbox"/>	<input type="checkbox"/> Lic. #: _____ Expiration date: _____
Upper division statistics course completed; if in progress list date of completion (course including inferential statistics content) Nursing 452 or HHS 400 equivalent	<input type="checkbox"/> Course name/no. _____ Year _____ Grade _____	<input type="checkbox"/>
Upper division nursing research course completed; if in progress list date of completion (NURS 490 or equivalent)	<input type="checkbox"/> Course name/no. _____ Year _____ Grade _____	<input type="checkbox"/>
For <u>nurse practitioner applicants</u> : a physical assessment course (within 5 years) completed; if in progress list date of completion	<input type="checkbox"/> Course name/no. _____ Year _____ Grade _____	<input type="checkbox"/>
FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	ELMN _____ NURX _____ CEDARS _____
FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	Accepted _____ Denied: _____ Letter mailed: _____