Cal State LA, Patricia A. Chin School of Nursing (SON)
Master of Science in Nursing (MSN) Graduate Application Checklist

This checklist must be submitted with your Application

Name (print) _____________________________________________ CIN ______________________

<table>
<thead>
<tr>
<th>Requirements</th>
<th>☑ Completed by Student</th>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online application to the University: [website]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All OFFICIAL transcripts sent to University Admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed SON application w/ all supplemental materials included WITH application:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcripts from each school attended (copies or unofficial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional recommendation #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional recommendation #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional recommendation #3</td>
<td></td>
<td></td>
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<tr>
<td>Resume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typed Essay (no more than 3 pages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy of California RN license card</td>
<td></td>
<td>Exp:</td>
</tr>
</tbody>
</table>

**Nursing Research** course completed.
If course is in progress, list date of completion.

<table>
<thead>
<tr>
<th>Statistics course completed course must include inferential statistics content</th>
<th>☑ (with description included)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Course name/no.</td>
<td>Year</td>
<td>Grade</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Health Assessment course with LAB (or refresher lecture course) within the past 5 years. If course is in progress, list date of completion.</td>
<td>☑ (with description included)</td>
<td></td>
</tr>
<tr>
<td>Course name/no.</td>
<td>Year</td>
<td>Grades</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Refresher HA course I/A:</td>
<td>☑ (with description included)</td>
<td></td>
</tr>
<tr>
<td>Course name/no.</td>
<td>Year</td>
<td>Grades</td>
</tr>
</tbody>
</table>

*Post Masters Applicants: Nursing MSN Course Descriptions & NP license card (if applicable)

<table>
<thead>
<tr>
<th>Pathophysiology</th>
<th>Pharmacology</th>
<th>Physical Assessment</th>
<th>Role/Health Care Policy</th>
<th>Exp:</th>
</tr>
</thead>
</table>

For Office Use Only

<table>
<thead>
<tr>
<th>University:</th>
<th>ABSN</th>
<th>MSN</th>
<th>PM</th>
<th>CUM GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree:</td>
<td>MONTH/YEAR:</td>
<td>OTHER:</td>
<td>UD Nursing GPA</td>
<td></td>
</tr>
</tbody>
</table>

Re-applying: ___ Yes ___ No
Full Name (list any other names or aliases) ________________________________________________

Address: ____________________________________________________________

Phone #: Home __________________ Work __________________ Cell __________________

Email Address: _________________________________________________________

What languages do you speak fluently? _______________________________________ 

What is your ethnic background? (Optional) __________________________________ 

What is your gender? (Optional) Female _____ Male _____ Age (Optional) ________

Have you been a GRAD student at a CSULA before? ___Y____N If yes, when was your last term? ______________

CHECK ONE: MSN ______ Post Masters ______ ELMN ______ OTHER: ___________

Post Masters Applicants: Are you Nationally certified as an NP? ___Y____N or In Process? ____________
Are you currently working as an NP? ___Y____N or In Process? ______________

Identify first and second choice:

1. 2. [ ] (PSYCH) Family Psych-Mental Health Nurse Practitioner Option
[ ] (ACNP) Adult – Gerontology Acute Care Nurse Practitioner Option
[ ] (ANP) Adult– Gerontology Primary Care Nurse Practitioner Option
[ ] (FNP) Family Nurse Practitioner Option
[ ] (EDU) Nursing Education
[ ] (ADM) Nursing Administration (suspended)

NOTE: Files will be forwarded to second choice on an as needed basis. Second review is not guaranteed.

List all colleges and universities attended. Begin with the most RECENT University.

Institution Degree completed Date
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

NOTE: Any degrees or courses in progress must be completed no later than the end of Summer
COMPLETE THE FOLLOWING SECTION AND INCLUDE YOUR RESUME

CREDENTIALS: List all Licenses, Certifications, and Credentials

1._____________________________________________________________________

2._____________________________________________________________________

HONORS AND RECOGNITIONS

PROFESSIONAL AND COMMUNITY ACHIEVEMENTS: Identify your participation and leadership roles.

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: _________________________________________________________________________

   Department: ___________________________ Phone#: __________________________
   Address: ___________________________________________________________________
   Employment Dates From ________________________ To __________________________
   Job Description: _____________________________________________________________
   Reason for Leaving: _________________________________________________________________________
3. Agency: __________________________ Position: __________________________
Department: __________________________ Phone#: __________________________
Address: __________________________________________________________________
Employment Dates From ________________________ To __________________________
Job Description:

Reason for Leaving:

____________________________________________________________________________

Total Number of years of experience: ______ Relevant to the option? ___Y ___N ___ some

I verify that all information provided on this application is correct and complete.

Signature: __________________________ Date: __________________

REFERENCES:
List three references (please ensure these references match those received)

NAME PHONE (please include Area Code)

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Have you applied to the University? _______ Yes _______ No
If not, apply online at https://www2.calstate.edu/Apply
CSULA CIN# __________________________

Please sign the following:
I agree to allow faculty at CALIFORNIA STATE UNIVERSITY, LOS ANGELES
to contact me and the above references.

Signature __________________________ Date __________________

Mail completed application with all accompanying documents.
Personal Statement

The CSULA School of Nursing application must include a personal statement of a maximum of 3 pages typed and double spaced in essay format discussing each of the points listed below. The personal statement is an opportunity for applicants to share personal and professional experiences that have prepared them for graduate school. The personal statement will also be used to evaluate applicants’ critical thinking, self-reflective capacities, and advanced writing skills. Please consider using the following heading to assist you in preparing and appropriately focusing your essay.

- **Professional Information**
  Identify the MSN option for which you are interested. Describe and explain how your work history and experiences have prepared you for this specific option. What are your goals after graduation?

- **Personal Information**
  Describe experiences that influenced your decision and identify people who will be a support/resource for you.

- **Education Plan**
  Graduate school is rigorous and demands a great deal of time. What is your plan for managing personal, professional and academic responsibilities and commitments?