



Idaho State University  
School of Nursing

Master of Science  
Graduate Nursing Program  
Application for Admission

**MUST BE TYPED or CLEARLY PRINTED.**

The name listed here must be on all official communications with the University.

Full Legal Name \_\_\_\_\_

Other names under which you have attended college:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

Number Street Telephone City

County State Zip Code

Daytime Telephone Number (if different from above) \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Legal Resident of Idaho: Y N

Licensure – State \_\_\_\_\_ Number \_\_\_\_\_

(Attach copy of R.N. License with “copy” written across the front)

Was the Graduate Record Examination (GRE) taken? Y N

If so, when? \_\_\_\_\_

Which program are you applying for?

- Master of Science Degree (BS-MS pathway)  Post Master’s Certificate  
 Master of Science Degree (AD-MS pathway)

Identify the program option you wish to pursue:

- Nursing Leadership  Clinical Nurse Leader  
 Family Nurse Practitioner  Clinical Nurse Specialist  
 Nursing Education

Enrollment Plan:

- Full-time  Part-time

This information will be used for statistical purposes only and your answers will be kept confidential. You need not answer these questions and failure to answer will not affect admission decisions:

Gender:

- Male
- Female

Birth date: \_\_\_\_\_

Ethnicity:

- Native American Indian
- African-American
- Hispanic/Latino
- Asian/Pacific Islander
- Caucasian/White

Veteran:

- Yes
- No

Citizenship:

- U.S. Citizen
- Immigrant
- International

Chronological list of schools attended since completion of high school, regardless of length of attendance. (Attach another sheet if necessary)

Name of University or College	Location (City & State)	Attendance Dates	Degree, Diploma, Certificate	# of Credits

Indicate if you have had an undergraduate course in descriptive and inferential statistics.

Course Title \_\_\_\_\_ Date Completed \_\_\_\_\_

Grade \_\_\_\_\_ Institution \_\_\_\_\_

Indicate if you have had a nursing research or evidence-based practice course or equivalent.

Course Title \_\_\_\_\_

Grade \_\_\_\_\_ Institution \_\_\_\_\_

# PROFESSIONAL WORK EXPERIENCE

List each position chronologically. Begin with the most recent (attach another sheet if necessary).

Place of Employment	Location	Position	Dates Employed

List Professional organizations, community services, and activities in which you have been or are involved. Include any offices you held within these organizations:

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**Professional Goals Essay:** Why are you choosing to further your education at this time?

Incorporate the following into a **typed/word processed** response of 250-500 words and **attach** the document to the application:

- Describe where you see yourself professionally in five years.
- What experiences have influenced your decision to seek this role?
- Describe a minimum of one strength and one challenge that may impact your success as a graduate student.
- Explain how completing your chosen option will contribute to your professional goals.
- How do your professional goals contribute to the nursing profession?

*The essay is evaluated on both content and writing ability (grammar, spelling, sentence structure, organization, etc.).*

**I certify that the statements in this application are true to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Admission is based primarily upon GPA, professional goals essay, and letters of recommendation.**