

# MASTER OF SCIENCE PROGRAM

## Application for Admission

### SECTION I – PERSONAL INFORMATION

**\*MUST BE TYPED or CLEARLY PRINTED.** The name listed here must be on all official communications with the University.

1. Full Legal Name \_\_\_\_\_ 2. Gender: M F
3. Local Address \_\_\_\_\_  
Number Street City  
County State Zip Code Telephone \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
Number Street City  
County State Zip Code Telephone \_\_\_\_\_
5. \_\_\_\_\_  
Email address
6. Citizenship \_\_\_\_\_ 7. Social Security Number \_\_\_\_\_
8. Legal Resident of Idaho: Y N 9. Ethnic Background \_\_\_\_\_  
(Optional)
10. Licensure – State \_\_\_\_\_ Number \_\_\_\_\_  
(Attach copy of R.N. License with “copy” written across the front)

### Section II – Educational Objectives

1. Identify the masters option you wish to pursue and any specific area within that role:
- Leadership in Community Based Nursing  
Interest Area: (Rural Nursing, School Nursing, Public Health, Administration) \_\_\_\_\_
- Family Nurse Practitioner  
Interest Area: \_\_\_\_\_
- Nursing Education  
Interest Area: \_\_\_\_\_
2. Are you planning to study: Full-time or Part-time? If part time, how many credits per year? \_\_\_\_\_
3. Where would you like to study (not guaranteed)
- Boise Coeur d' Alene Idaho Falls Lewiston Pocatello Twin Falls

4. How do you plan to finance your education:

Own resources

Traineeships

Loans

Other

Please explain: \_\_\_\_\_

5. Do you live or work in a health professions shortage area (HPSA)? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Bi or Multi-lingual? Name language and years of experience. \_\_\_\_\_

7. Do you live or work in a rural area? Yes \_\_\_\_\_ No \_\_\_\_\_

### SECTION III – EDUCATIONAL INFORMATION

1. Chronological list of schools attended since completion of high school, regardless of length of attendance.

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

2. An undergraduate course in inferential or descriptive statistics is a requirement for admission.

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

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

3. Please indicate if you have had a nursing research course or equivalent.

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

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

4. For FNP & Education Applicants: Advanced Pathophysiology. Date taken or plan to complete.

\_\_\_\_\_

## SECTION IV – PROFESSIONAL WORK EXPERIENCE

1. List each position chronologically. Begin with the most recent.


2. Please list professional organizations, community services, and activities in which you have been or are involved. Include any offices you held within these organizations:

---

---

---

---

---

---

---

---

3. Please list any professional honors or awards you have received:

---

---

---

## SECTION V – CAREER OBJECTIVES

1. Write a brief description of your career goals and expected outcomes of your graduate studies.

---

---

---

---

---

---

---

---

---

---

2. I certify that the above statements are true to the best of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

3. I can be reached during the day (8 a.m. to 5 p.m.) at \_\_\_\_\_

Phone Number

Hours