



University of
Southern Indiana

Nursing Program

8600 University Boulevard
Evansville, Indiana 47712

812/464-1708 or Toll Free 877/874-4584
health.usi.edu

College of Nursing and Health Professions

Master of Science in Nursing Admission Application

Check the specialty you intend to study: Acute Care NP (ACNP) Clinical Nurse Specialist (CNS) Family NP (FNP)
 Family Psychiatric Mental Health NP (FPMHP) Nursing Education (NED) Nursing Management and Leadership (NML)

Preferred enrollment status: Full-time Part-time **Term applying for:** Fall _____ Spring _____

Name _____
Last First Middle Maiden Name

Current Address _____

City _____ State _____ Zip Code _____

Current Phone Number (_____) _____ - _____ Email _____

Permanent Address if different from above _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____
(Mandatory disclosure of Social Security Number is required due to the Zachary Law.)

Post Secondary Education

Dates		Name of Institution	City and State	Major	Credential Earned (Diploma, Certificate, Degree)	GPA
From	To					

Official transcripts of all post high school education must be submitted to the Office of Admission, 8600 University Boulevard, Evansville, IN 47712.

Current Employment

Dates		Title of Position	Employer	City and State
From	To			

Membership in Professional Organizations: List the organization, dates of membership, offices held, and a description of activities in which you participated.

Organization/Association	Description of Duties	Dates

Research Participation: List the title of the research project, the primary investigator, and describe your duties.

Research Project Title	Description of Duties	Dates

Awards/Honors: List any awards or honors you have received and describe the activities that led to the award or honor.

Award/Honors Title	Description of Duties	Dates

Do you hold any national certifications? No Yes *If yes, please list.*

- 1) _____
- 2) _____
- 3) _____

Have you been convicted of a felony? No Yes *(Information necessary for license application.)*

Have you been convicted of a misdemeanor? No Yes *(Information necessary for license application.)*

Have you been convicted of a sex offense against children? No Yes *(Requirements of Indiana Public Law 11-1994.)*

Has any action been taken or is there action being considered by an agency of government against your RN license?
 No Yes *(If yes, attach a letter to explain.)*

Have you entered into or are you currently discussing an agreement with any agency of government concerning your license?
 No Yes *(If yes, attach a letter to explain.)*

Have any restrictions been imposed by an agency of government on your ability to practice the nursing profession or are such restrictions currently being considered? No Yes *(If yes, attach a letter to explain.)*

Person to be notified in case of an emergency _____

Relationship _____ Telephone (_____) _____ - _____

Submit the following documents along with application to cnhpadmissions@usi.edu.

- **Statement of Professional goals:** In a one- to two-page typewritten paper, describe your academic and professional goals and how graduate education will assist you in attaining these goals.
- **Resume:** Submit a copy of your current resume.
- **License:** Submit a copy of your current nursing license(s). Online verification printout is acceptable.
- **References:** Two professional references on your behalf must be submitted to the College of Nursing and Health Professions. References may be faxed or mailed directly to the College of Nursing and Health Professions, c/o Student Advising Center.

By signing below I am verifying that all the above information is true and accurate to the best of my knowledge. I also authorize the Graduate Nursing Program Admission Committee to review and verify my application and academic records.

Printed Name _____ Date _____

Signature _____

Return this application to:

USI Graduate Nursing Program c/o Student Advising Center

University of Southern Indiana
8600 University Boulevard, HP 2060
Evansville, Indiana 47712

All application materials must be received by the USI Nursing Program before an admission decision can be made.

The University of Southern Indiana and Graduate Nursing Programs are accredited by the Commission on Collegiate Nursing Education (CCNE). Accreditation is an indication of public approbation, attesting to the quality of the educational program and the continued commitment of the sponsoring institution to support the program.

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or veteran status. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.