

# UNIVERSITY OF ROCHESTER SCHOOL OF NURSING

## RN to BS to MS Program

Web Page Address: [www.son.rochester.edu](http://www.son.rochester.edu)

Thank you for your interest in the University of Rochester School of Nursing combined RN to BS to MS Program for the Registered Nurse. A complete application consists of the following:

- The completed application form.
- An **official** transcript from **each** college or university attended, including your basic nursing program, if applicable. (An introductory statistics course is required). **Unofficial or student copies of transcripts are not acceptable.**
- Two letters of reference which address professional and/or academic ability:** One masters prepared nurse (e.g. nursing faculty member, clinical nurse specialist, nurse practitioner, or nurse manager) preferred and /or nursing supervisor forms are enclosed for your use and it is strongly recommended that your reference use their official letter head. **All references need to be in a sealed envelope and signed by the preparer.**
- A non-refundable \$50 (U.S.) application fee. Make your check or money order payable to the University of Rochester School of Nursing and enclose the fee with your application.
- Copy of current RN Registration or License
- Current copy of Curriculum Vitae or Resume
- Writing Sample (e.g., prior scholarly paper, published article)
- Typewritten Professional Goal Statement
- Response card

Send all application materials to: Nancy Kita, University of Rochester School of Nursing,  
Office of Student Affairs, Box SON, Rochester NY 14642, in the enclosed envelope.

Questions may be directed to the School of Nursing Office of Student Affairs at (585) 275-2375.

The University of Rochester values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, gender, sexual orientation or veteran status. Further, the University complies with all applicable non-discrimination laws in the administration of its policies, programs and activities. Questions on compliance should be directed to the particular school or department and/or to the University's Equal Opportunity Coordinator, University of Rochester, P.O. Box 270039, Rochester NY 14627. Phone: (585) 275-9125.



Have you completed any courses at UR: Yes \_\_\_\_\_ (years attended \_\_\_\_\_)

Please list any courses completed or in progress:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Have you applied to the UR previously: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Sign here if you would like your UR transcript courses/grades added to your file: \_\_\_\_\_

When do you plan to enroll at the UR: Year \_\_\_\_\_ ( January \_\_\_\_\_ May \_\_\_\_\_ September \_\_\_\_\_ )

Are you planning to study: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Military Service: Active \_\_\_\_\_ Veteran \_\_\_\_\_ Other \_\_\_\_\_

Please choose the **NP Specialty Program** you're applying for:

- \_\_\_\_\_ Acute Care Cardiovascular Nurse Practitioner
- \_\_\_\_\_ Acute Care Critical Care Nurse Practitioner
- \_\_\_\_\_ Adult Nurse Practitioner
- \_\_\_\_\_ Adult Nurse Practitioner/Geriatric Nurse Practitioner
- \_\_\_\_\_ Family Nurse Practitioner
- \_\_\_\_\_ Care of Children and Families/Pediatric Nurse Practitioner
- \_\_\_\_\_ Care of Children and Families/Pediatric Nurse Practitioner with Pediatric Behavioral Health Specialization
- \_\_\_\_\_ Care of Children and Families/Pediatric Nurse Practitioner/Neonatal Nurse Practitioner
- \_\_\_\_\_ Psychiatric Mental Health Nurse Practitioner (Adult/Family)
- \_\_\_\_\_ Psychiatric Mental Health Nurse Practitioner (Child/Adolescent)

**Citizenship Information:** (\*Required for government recording)

**Non- U.S. Citizens**

\*Citizen of what country? \_\_\_\_\_

\*Are you a permanent U.S. resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

**U.S. Citizens Only**

**Race/Ethnicity:** \*Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Please select one or more races that you identify with from the following:**

- \_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific      \_\_\_\_\_ White
- \_\_\_\_\_ Asian

**CPR Information:**

Attach a copy of a current CPR card from the Basic Life Support for the Professional offered by the American Heart Association or the American Red Cross. Please indicate below the type of CPR training you have had. **This is a requirement prior to starting the program.** Type of CPR Certification: \_\_\_\_\_

**Please answer the following questions:**

1. Have you ever been dismissed from a school, college or university? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer **yes** please elaborate on a separate sheet of paper.

## Licensure Information

**Registered Nurses** must complete this form and **attach a copy of NURSE REGISTRATION.** (An active permit or license is required to be eligible to register for clinical courses.) Enclose with your application.

### Nurse Registration Information

States Where Registered	License Number	Active/Inactive	Expiration Date

Honors and other evidence of scholarship (honor societies, fellowships, awards, etc.) :

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### International Students Only

**For visa purposes:**

City and Country of birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If you are a United States resident, what type of visa do you hold: \_\_\_\_\_

**Transcript evaluation:**

Students graduating from any foreign school must have their transcript evaluated by one of the following: **World Education Services**, Bowling Green Station, P.O. Box 5087, New York, NY 10247-5087; E-mail: [info@wes.org](mailto:info@wes.org); Phone: 212-966-6311; Fax: 212-739-6100 **or Educational Credentials Evaluators, Inc.**, P.O. Box 514070, Milwaukee WI 53203-3470; E-mail: [eval@ece.org](mailto:eval@ece.org); Phone: 414-289-3400; Fax: 414-289-3411.

**Test of English as a Foreign Language (TOEFL):**

\_\_\_\_\_ score \_\_\_\_\_ date taken

## Document References Below

Provide the names, titles, and addresses of two of your present or former nursing instructors, supervisors or employers whom you have asked to recommend you. If you have been employed six months or more, a letter from your supervisor may be used.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

**Tell us how you became interested in the University of Rochester School of Nursing:**

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**Your signature indicates that all the information in this application is factual**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Professional Goal Statement Must be TYPEWRITTEN**

The purpose of this statement is for you to provide information about yourself as well as to demonstrate your ability to express ideas clearly and logically in a grammatically correct format. Please write a well-organized statement describing: 1. the aspects of your background that have led you to consider seeking an MS degree; 2. your practice interests and why you have chosen your clinical NP specialty; 3. what you hope to accomplish during the course of the MS program (skills and knowledge you hope to gain); 4. your plans for your career following completion of the MS program. We are particularly interested in learning about aspects of your background and experience that may have increased your sensitivity to issues of inequality and health disparities. This statement must be typewritten and is limited to 500 words.



