

# RN to MSN Application

Admissions Office 101 South 42 Street Omaha, NE 68131-2739  
PH 402 552 3100 TF 800 647 5500 admissions@clarksoncollege.edu



Prepare to be the **best**.

## Admission Requirements

### Registered Nurse to Master of Science Degree in Nursing

- › Degree in nursing from a professionally accredited institution by NLNAC or CCNE.
- › A 3.0 cumulative GPA on a 4.0 scale.
- › A valid state unencumbered RN license. License must be effective in the state where practicing or where clinical experience will occur.

## Progression Information

Students may exit at the Bachelor of Science degree in Nursing program level. Students in good standing move directly to the Master's program. Students may enroll for NS 808, NS 812 and GR 847 at the undergraduate level. Students must maintain 3.0 GPA for the RN to MSN program.

## Essay Instructions

The scholarly essay is an important component of your admission application to Clarkson College. It will be reviewed to assist us in identifying your professional accomplishments and goals. Type your essay and limit it to three pages.

Address the following points in your essay:

- › Statement of your personal and professional goals after graduation.
- › Role of graduate education in achieving your goals.
- › Personal and professional strengths.
- › Professional areas identified as needing development.
- › Personal perceptions of graduate education.

## Application Materials

The following application materials are necessary to complete your application for admission:

- › **Application:** Complete the RN to MSN application for admission. Mail your application to Clarkson College Admissions office.
- › **Application Fee:** The \$35 application fee is nonrefundable. Mail a check or money order with your application to the Admissions office payable to Clarkson College.
- › **Essay:** Submit a scholarly essay summarizing your motivation for entering our Master's program. Further instructions are outlined below.
- › **Transcripts:** Request official academic transcripts from each post-secondary institution previously attended. Transcripts must be sent directly from each institution to Clarkson College.
- › **Professional References:** Request two professional recommendations using the Graduate Professional Reference forms.
- › **Resume:** Submit a current resume.
- › **Nurse Practitioner program applicants only:** Acute Care Skills Assessment form.

KEEP THIS PAGE FOR YOUR RECORDS.

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Expected Enrollment Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

Have you previously applied for admission to Clarkson College?  No  Yes \_\_\_\_\_  
Dates & Program

Have you previously attended Clarkson College?  No  Yes \_\_\_\_\_  
Dates & Program

## Personal Data

Full Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell Work

## Emergency Contact

In the event of an emergency, Clarkson College will notify your emergency contact.

Name(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship  U.S. citizen  U.S. permanent resident  Dual U.S. citizen \_\_\_\_\_  
Country of Citizenship

Other citizenship \_\_\_\_\_  
Country/Countries

Visa Type (if applicable) \_\_\_\_\_ Provide a copy of your Permanent Resident Card or Visa

How long have you been in the U.S.? \_\_\_\_\_ First language if other than English \_\_\_\_\_

## Optional Demographic Information

The following information is confidential. It is not used in admissions decisions, and it will only be released in group statistics for federal, state and institutional reports.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  Female  Male Religious Preference \_\_\_\_\_  
MM DD YY

Are you of Hispanic/Latino ethnicity or descent?  No  Yes

Select one or more races with which you identify yourself  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Non-resident alien  Two or more races  Unknown

Marital Status  Divorced  Married  Separated  Single  Widowed Number of Dependents \_\_\_\_\_

Will you be receiving Veteran's benefits?  No  Yes

## Area of Academic Interest

### Master of Science Degree in Nursing

Adult-Gerontology Primary Care Nurse Practitioner  Family Nurse Practitioner  Nursing Education  
 Nursing Health Care Administration

## Academic Background

### High School

Name

City

State

Graduation Date

If you are not a high school graduate, have you earned the GED equivalent?  No  Yes

Date

### Post-Secondary Education

List all institutions of higher education you have attended. Official academic transcripts should be sent directly from each listed institution to Clarkson College.

Institution Name City State Dates Attended Degree/Diploma

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Have you ever been suspended, placed on probation or dismissed from any school, college or university for academic or disciplinary reasons?  No  Yes

If yes, please explain

**Registered Nurse (RN)**  Associate's degree  Diploma

Do you have a valid state unencumbered RN license?  Yes  No

Provide a copy of your RN license with completed application

If no, please explain

## Criminal Background Check & Drug Screening

### Drug & Alcohol Screening

Drug and alcohol screenings may be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes, college activities or campus housing. Testing positive on a drug screening will result in consequences that will vary, depending on the level of severity and the need for additional treatment. At the very least, the student will be unable to attend a clinical or field site until cleared to do so. Other potential consequences may include suspension or expulsion.

### Criminal Background Check

Prior conviction of a felony of certain misdemeanors, other than minor traffic offenses, may make a student ineligible to participate in various clinical experiences and possibly make it impossible for a student to complete the scheduled program of study. Additionally, prior conviction of a felony or misdemeanor may make the individual ineligible for the professional licensure, professional certification or professional registration, dependent upon the specific regulations of individual health professions and state of practice.

**Have you ever been convicted of a misdemeanor or felony?**  No  Yes *If yes, provide a detailed explanation (all offenses, dates, location of courts and outcomes) on a separate sheet of paper.*

Convictions or charges resulting in any of the following must be reported: plea of guilty, plea of nolo contendere (no contest), withheld or deferred adjudication, suspended or stay of sentence, and/or military or court martial. Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use.

### Student Statement & Signature

I hereby certify that the statements on this application are correct to the best of my knowledge. I understand that falsification or omission of information may result in disqualification or dismissal of this application for admission to Clarkson College.

Applicant Signature

Applicant Printed Name

Date

## Partnership Information

Indicate if you are an  employee  spouse or  dependent child (age 23 or younger) of our partners. The Partnership Verification form must be completed to determine eligibility to receive the Partnership Tuition Rate. The Partnership Verification form will be sent to the student upon review and acceptance to the College, and the form is required to be returned with the Admissions Confirmation form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bellevue Medical Center | <input type="checkbox"/> Community Hospital Association | <input type="checkbox"/> Nebraska Orthopaedic Hospital |
| <input type="checkbox"/> Clarkson College        | <input type="checkbox"/> Nebraska Medicine              | <input type="checkbox"/> Shenandoah Hospital           |
| <input type="checkbox"/> UNMC Physicians Clinics |   |  |

## Additional Information

How did you hear about Clarkson College?

- |   |  |
|---|--|
| <input type="checkbox"/> Direct Mail _____<br><small>Piece Received</small>             | <input type="checkbox"/> Radio _____<br><small>Station(s)</small>      |
| <input type="checkbox"/> Magazine _____<br><small>Magazine(s)</small>                   | <input type="checkbox"/> Television _____<br><small>Station(s)</small> |
| <input type="checkbox"/> Newspaper _____<br><small>Newspaper(s)</small>                 | <input type="checkbox"/> Website _____<br><small>Site(s)</small>       |
| <input type="checkbox"/> Conference/Visit _____<br><small>Conference/Visit Date</small> | <input type="checkbox"/> Advisor _____<br><small>Voucher Code</small>  |
| <input type="checkbox"/> Other _____  |  |

If you were referred to Clarkson College, please provide the individual's name and relationship so he/she may be recognized.

- |  |  |
|--|--|
| <input type="checkbox"/> Current Clarkson College student _____<br><small>Name</small> | <small>Relationship to you</small>                     |
| <input type="checkbox"/> Clarkson College alumna _____<br><small>Name</small>          | <small>Relationship to you</small>                     |
| <input type="checkbox"/> Other _____<br><small>Other</small>                           | <small>Name</small> <small>Relationship to you</small> |

## Application Certification

I hereby certify that the statements on this application are correct to the best of my knowledge, and I understand that falsification or omission of information may result in disqualification or dismissal of this application for admission to Clarkson College. I authorize official representatives of Clarkson College to verify information provided in this application. Application materials submitted as part of the application process become the property of Clarkson College. Materials will not be returned, and copies will not be provided. Keep a copy of this application for your records. I agree to abide by the policies and regulations of Clarkson College.

Note: Drug and alcohol screenings may be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes, college activities or campus housing. Testing positive on a drug screening will result in consequences that will vary, depending on the level of severity and the need for additional treatment. At the very least, the student will be unable to attend a clinical or field site until cleared to do so. Other potential consequences may include suspension or expulsion.

Applicant Signature

Applicant Printed Name

Date

Notice of Non-Discrimination: Clarkson College complies with all applicable federal, state and local laws relating to discrimination and does not discriminate on the basis of race, color, religion, ancestry, sexual orientation, physical or mental disability, age, national origin, ethnicity, sex, veteran's status or marital status in the administration of its educational programs and policies, financial aid, activities or other school administered programs. Questions regarding Title IX may be referred to the Title IX Coordinator or to the Office of Civil Rights (OCR). The Director of Student Support Services serves as the Title IX Coordinator and is located in the Success Center. The Title IX Coordinator can be contacted at 402.552.2693, 1.800.647.5500, or at [titleixcoordinator@clarksoncollege.edu](mailto:titleixcoordinator@clarksoncollege.edu). The OCR can be contacted by visiting <http://www2.ed.gov/about/offices/list/ocr/index.html> or by calling 1.800.421.3481. Questions regarding other types of discrimination should be directed to the Director of Human Resources, Deb Tomek, at [tomekdeb@clarksoncollege.edu](mailto:tomekdeb@clarksoncollege.edu). Questions regarding accommodations for student disabilities should be directed to the Accommodations Coordinator at [accommodations@clarksoncollege.edu](mailto:accommodations@clarksoncollege.edu).