

Capital University Graduate Program in Nursing

ADMISSION APPLICATION

INSTRUCTIONS

We are pleased you are interested in competency-based, interdisciplinary graduate education to enhance your skills and advance your career in health care. Please follow these instructions for completing the application process for admission to one of our graduate programs in nursing or dual-degree programs between Capital's School of Nursing, School of Management, Law School and Trinity Lutheran Seminary.

- I. Complete all applicable sections of the following form and submit it with your nonrefundable \$25 application fee.

Select one of the four concentrations in nursing or one of the three dual-degree options. Dual-degree applicants must complete two applications and submit application fees for both programs. MBA, law and seminary applications are available at the School of Nursing or from:

Capital University
School of Management
1 College and Main
Columbus, OH 43209-2394
(614) 236-6670

Trinity Lutheran Seminary
2199 E. Main St.
Columbus, OH 43209-2334
(614) 235-4136

Capital University
Law School
303 E. Broad St.
Columbus, OH 43215-3200
(614) 236-6500

- II. Submit a 500-1,500 word formal essay in which you: (1) analyze what you consider the two most important health-care trends/issues that will shape the nursing profession in the next 20 years; and (2) discuss how you envision an advanced nursing degree will enable you to address the trends/issues outlined in No. 1. Use this essay as an opportunity to demonstrate your ability to think logically and write clearly. This essay will be used as one of the criteria for admission to the Master of Science in Nursing Program.
- III. Submit a résumé or curriculum vita with your application.
- IV. Request that official transcripts of **ALL** previous undergraduate and graduate coursework be sent directly to the School of Nursing.
- V. International students must take the Test of English as a Foreign Language (TOEFL) and have the results sent directly to the School of Nursing.
- VI. Submit the names of three references who have knowledge related to your academic/clinical skills and your potential for success in graduate studies. Possible references include former faculty and your current clinical associates/supervisor.

Additional Admission Requirements

1. Current unrestricted, unencumbered Ohio RN licensure
2. BSN or BS in nursing from a CCNE- or NLN-accredited program
3. 3.0 undergraduate GPA on a 4.0 scale

Questions? Call (614) 236-6345

Address all correspondence to:

Graduate Program
School of Nursing
Capital University
1 College and Main
Columbus, OH 43209-2394



Please print or type.

NAME _____
MR./MRS./MS./MISS LAST FIRST MIDDLE MAIDEN

DATE OF BIRTH CITIZENSHIP SOCIAL SECURITY NO.

HOME ADDRESS _____ HOME PHONE (____) _____
STREET

CITY STATE ZIP E-MAIL

EMPLOYER _____ DATE EMPLOYED _____ BUSINESS PHONE (____) _____ EXT. _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

NAME, ADDRESS AND PHONE OF PARTY THROUGH WHOM YOU ALWAYS CAN BE CONTACTED _____

NAME ADDRESS PHONE NUMBER

OHIO RN LICENSE # _____ OTHER RN LICENSE(S) _____

PREDOMINANT ETHNIC BACKGROUND (OPTIONAL)

NOTE: Response to this question is optional. This information is used for statistical purposes and will not affect the outcome of your application.

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

- Choice of study:
- | | |
|--|---|
| <input type="checkbox"/> Administration Concentrate | <input type="checkbox"/> Dual Degree - MSN/MBA* |
| <input type="checkbox"/> Legal Studies Concentrate | <input type="checkbox"/> Dual Degree - MSN/JD* |
| <input type="checkbox"/> Nursing Education | <input type="checkbox"/> Dual Degree - MSN/MTS* |
| <input type="checkbox"/> Theological Studies Concentrate | (Master in Theological Studies) |
- * Dual-degree applicants must complete two applications and submit application fees for each program.*

Application is for: Full-time study Part-time study Mix of full-time and part-time study

If there are no openings during the term preferred, do you wish to be considered for admission to the following term?
 Yes No

List chronologically ALL accredited undergraduate and graduate institutions attended.

Date of Attendance	Name and Address of Institution	Degree Date	Degree Title	Major Field

This application must be supported by official transcripts of ALL work completed to date. Please request the registrar of each institution attended to forward your official records to the Capital University School of Nursing. For planning purposes, you may submit copies of unofficial transcripts with this application and follow up with official transcripts.

- I have completed the following required prerequisites:
- | | |
|---------------------------------------|--|
| Undergraduate statistics course | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Undergraduate research methods course | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Academic honors, awards, scholarships received _____

Extracurricular activities _____

Have you previously applied for admission to any graduate program at Capital University? Yes No

If yes, year and college _____ Accepted or Denied? _____

If you attended Capital University in the past, are all of your previous financial obligations fulfilled? Yes No

If no, please explain _____

Have you ever applied, or are you planning to apply, for admission to any other graduate school(s)? Yes No

If yes, give names and dates _____

Have you ever been denied admission to, or been dismissed from, any graduate school(s)? Yes No

If yes, identify school and state reason if known _____

List your last five positions of employment, including part-time (please list in chronological order with most recent first)

Dates		Job Title (Position)	Employer's Name and Address
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service History

MILITARY BRANCH	DATE & RANK ON ENTRY	DATE & RANK ON SEPARATION	KIND OF DISCHARGE	WHERE STATIONED
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Sources of funding, excluding employment or tuition reimbursement, for your proposed graduate studies

Will you be employed during graduate studies? Yes No If yes, how many hours per week? _____

Name of employer _____

Will you receive tuition reimbursement? Yes No

Are you interested in Stafford Loan information? Yes No

Have you filed the Free Application for Federal Student Aid (FAFSA) and the Capital Supplemental Aid Form?

Yes No If yes, date submitted _____ If no, do you need these forms? Yes No

For international students, a Test of English as a Foreign Language (TOEFL) official score report must be submitted.

Test date _____ Score, if known _____ Anticipated test date _____

Names of three references (former or current faculty or employers) who may be contacted regarding your academic/ clinical skills and your potential for success in graduate education:

1. _____ DAYTIME PHONE _____
 NAME, TITLE

 COMPLETE ADDRESS WITH ZIP CODE

2. _____ DAYTIME PHONE _____
 NAME, TITLE

 COMPLETE ADDRESS WITH ZIP CODE

3. _____ DAYTIME PHONE _____
 NAME, TITLE

 COMPLETE ADDRESS WITH ZIP CODE

Have you ever been convicted of or pled guilty to a felony? ___ Yes ___ No (If yes, please attach a statement of explanation.)

SUBMISSION

Submit the completed application, writing sample, résumé or vita, and fee to the Graduate Program, School of Nursing, Capital University, 1 College and Main, Columbus, OH 43209-2394. Have all transcripts and TOEFL scores sent directly to the School of Nursing. Questions? Call (614) 236-6345.

“I certify this information is true and complete to the best of my knowledge. Misrepresentation or omission of information on this application may jeopardize acceptance and enrollment. I authorize my current and former employers and any schools, colleges or universities I previously have attended to release personal and academic information to Capital University in connection with this application.”

Signature _____

Date _____

OFFICE USE ONLY

- ___ Administration ___ MSN/MBA
- ___ Legal Studies ___ MSN/JD
- ___ Theological Studies ___ MSN/MTS
- ___ Nursing Education

Reviewed by:
Graduate Admissions Committee

_____ Date _____ Date

Application fee received on _____

Cash _____

Check # _____

Full Admission _____

Provisional Admission _____

Denied _____

_____ Date

Capital University admits qualified students regardless of race, color, religion, gender, age, disability, or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the university. Capital University does not discriminate on the basis of race, color, religion, gender, age, disability, or national or ethnic origin in admission, employment, programs or activities.

