



**COLLEGE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF NURSING  
MASTER OF SCIENCE IN NURSING  
APPLICATION FOR ADMISSION\***

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(last, first, middle initial)

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(street, city, state, zip code) (home & work phone)

**1. List nursing positions held (last 5 years) / most recent first**

Date	Agency	Location	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. Attach:**

- A. Statement of academic goals and objectives for graduate study/advanced practice in nursing.
- B. Current copy of Missouri registered nurse license.
- C. Current professional liability insurance for a minimum of \$1,000,000/\$3,000,000 coverage.
- D. Current CPR (professional level) certification.
- E. Validation of physical assessment and history taking skills if transcript does not reflect a course in health assessment.
- F. An introductory course in statistics (graduate or undergraduate) with a grade “B” or higher as shown on transcript.

**3. Please indicate interest in family nurse practitioner track: YES  NO**

**Mail form and information indicated above to:**

**Director of Graduate Studies  
Southeast Missouri State University  
Department of Nursing  
One University Plaza - MS8300**

**\*Admission to the Southeast Missouri State University School of Graduate Studies must occur prior to consideration of this application.**