TO APPLY FOR ACCEPTANCE INTO THE MASTER OF SCIENCE IN NURSING (MSN) DIVISION OF NURSING AT DAVENPORT UNIVERSITY:

- Complete Application for Admission to DU
  New students to DU must submit a Davenport University Graduate Admissions Application with the non-refundable application fee. Submit a completed application, plus $25.00 non-refundable application fee at davenport.edu/apply. Application to DU is separate and in addition to the nursing application. Current and returning DU students are not required to submit another application to the university.

- Official Transcript(s)
  Request official transcripts from all accredited institutions attended to be sent directly to the Davenport University Registrar’s Office at 6191 Kraft Avenue S.E., Grand Rapids, MI 49512. Submit proof of an earned undergraduate Bachelor of Science in Nursing (BSN) degree with a minimum 3.0 GPA. For international students, transcripts must be evaluated by a recognized credential evaluation service such as Education Credential Evaluators (ECE) or World Education Services (WES).

- Master of Science Nursing (MSN) Online Program Admissions Packet
  All of the following items must be submitted in one packet:
  - Complete MSN Online Application form
  - Copy of current, valid, unrestricted license as a Registered Nurse in a U.S. jurisdiction. You must have a current RN license in any state in which you preform clinical course work. If the applicant is a graduate of a Canadian Registered Nurse Program that is approved by a province in Canada, the applicant must hold a license to practice nursing in Canada that is active and has not been sanctioned.
  - Professional Recommendations. Two completed Professional Recommendation forms are required. Include at least one clinical reference (preferably from an APN/ supervisor) and one academic reference (preferably from a nursing faculty member).
  - Resume
  - State of Purpose. A comprehensive, 500 word minimum statement of purpose that focuses on your purpose in pursuing the Master of Science Nursing, past experiences and future expectations.

FOR SCHOLARSHIPS, GRANTS AND LOANS
A Free Application for Federal Student Aid (FAFSA) must be completed to determine your eligibility for all types of scholarships, grants and loans. Apply early at www.fafsa.gov. Davenport University’s School Code is 002249.

Send completed application packet to:

Davenport University Registrar
C/O MSN Online Application
6191 Kraft Avenue SE
Grand Rapids, MI 49512

*To obtain assistance in completing the application process, please contact an Admissions Representative at your campus.*
PRINT ALL INFORMATION IN INK

Date ___________ Student ID ___________ Social Security # ___________

Name: ____________________________________________

Last First Middle

Address: __________________________________________

Number & Street

City State Zip/Country

Telephone (Home) Telephone (Work) (Other)

Email Address: ____________________________________

Date of Birth: ___/___/____ Gender: ☐ Male ☐ Female

Current Davenport University student? ☐ Yes ☐ No

Please check box for desired enrollment date ☐ Fall 2013 ☐ Winter 2014

ETHNICITY & CITIZENSHIP

Although Davenport University requests this information for federal reporting purposes, providing this information is optional.

Citizenship ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident

Country of Birth __________________________________________

Ethnicity ☐ Hispanic ☐ White, Non-Hispanic ☐ Black/African American

☐ American Indian/Eskimo Aleutian ☐ Asian/Pacific Islander ☐ Multiracial

Is English your first language? ☐ Yes ☐ No

MILITARY HISTORY

Are you a current or previous member of the armed forces? ☐ Yes ☐ No

Are you currently active military? ☐ Yes ☐ No If yes, are you ☐ Active Duty ☐ Reserve

Are you eligible for any military tuition assistance? ☐ Yes ☐ No

EMPLOYMENT

Currently employed? ☐ Yes ☐ No Company Name __________________________

Location ______________________ Position/Title ______________________

Job responsibilities: _______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Does your employer offer tuition reimbursement? ☐ Yes ☐ No

Previously employed? ☐ Yes ☐ No Company Name ______________________

Location ______________________ Position/Title ______________________

Job responsibilities: _______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
EDUCATIONAL BACKGROUND
PREVIOUS COLLEGE(S)

1. College/School ____________________________
   City ____________________________ State ____________________________
   Last Date Attended ___________ Degree Earned ____________________________

2. College/School ____________________________
   City ____________________________ State ____________________________
   Last Date Attended ___________ Degree Earned ____________________________

3. College/School ____________________________
   City ____________________________ State ____________________________
   Last Date Attended ___________ Degree Earned ____________________________

4. College/School ____________________________
   City ____________________________ State ____________________________
   Last Date Attended ___________ Degree Earned ____________________________

TUITION PAYMENT
How do you plan to pay for college?
☐ Financial Aid ☐ Cash ☐ Tuition Reimbursement ☐ Other

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Davenport University Registrar
  c/o MSN Online Application
  6191 Kraft Avenue SE
  Grand Rapids, MI 49512

Note: ONLY COMPLETE APPLICATIONS WILL BE REVIEWED by the Nursing Admissions Committee. Decisions by the Nursing Admissions Committee are final.

Applicants will be notified by U.S. mail of Admissions Committee decision approximately one week after application due date. It is the responsibility of the applicant to respond to an acceptance offer by the designated date on such letter.

I certify that all answers given on this application are complete and accurate to the best of my knowledge. I agree that any and all disputes that I may have with the University regarding this application, any decision on my admission, enrollment or participation in classes shall be subject to the University’s regulations and policies and shall be subject to final and binding arbitration pursuant to the University’s arbitration policy. I understand that all such regulations and policies are available for inspection at any time in the University Graduate Catalog and on the University’s website.

Signature of Applicant: ____________________________ Date ____________________________
TO THE APPLICANT: (Please Type or Print in Ink)

Student Name: ____________________________________________________________

Last                      First                      Middle

Address: ________________________________________________________________

Number & Street

City                      State                      Zip/Country

Telephone (Home)          Telephone (Work)            (Other)

Email Address

Additional Information:

Date of Birth              Student ID (if current Davenport student)          Social Security No. (optional)

TO THE APPLICANT AND THE RECOMMENDER:
This recommendation will be used only for admission purposes. I hereby waive my right to access
this confidential information.

Signature of Applicant: ____________________________________________ Date: ________________

TO THE RECOMMENDER:
The person named above is an applicant to the Davenport University Master of Science in Nursing
(MSN) Online Program. The Admissions Committee attaches considerable weight to the statements
made by the recommenders the applicant has selected, who should know the student through work
or school. You will greatly assist the members of the Committee and the applicant by providing
candid responses to the items on this form. If you wish to provide additional information or
comments, please attach an additional sheet if necessary. The Committee is aware of the time
necessary to prepare such an assessment and gratefully acknowledges your help. We would be
pleased to provide you with additional information about our program if it would assist you in any
way.

Please return both pages of the completed form to the applicant listed above in a sealed
envelope. Sign your name across the seal of the envelope.

Recommenders Name: ____________________________________________________________

Last                      First                      Middle

Position                  Title                      Organization

Address: ________________________________________________________________

Number & Street

City                      State                      Zip/Country

Telephone (Home)          Telephone (Home)            Telephone (Work)
PROFESSIONAL RECOMMENDATION:

1. In what capacity have you known the applicant?

2. How long have you known the applicant?

3. What are the applicant’s principal talents or strengths?

4. How well has the candidate planned for entry into the Master of Science in Nursing (MSN) Program?

5. Suggested areas for improvement:

6. Please rate the applicant using this scale.

   - Intellectual ability
   - Dependability
   - Leadership
   - Integrity
   - Initiative
   - Ability to work with others
   - Maturity
   - Written communication skills
   - Oral communication skills
   - Persistence and drive
   - Organizational & Planning skills (ability to allocate & schedule resources/time)
   - Analytical ability (ability to explore problems in an orderly manner)

7. Please comment on the above ratings, including any additional statements concerning the candidate’s qualifications for pursuing the Master of Science in Nursing (MSN) Online Program. (Attach an additional sheet if necessary.)

8. Please select one:
   - [ ] I strongly recommend that this applicant be admitted to the Davenport University Master of Science in Nursing (MSN) Online Program.
   - [ ] I recommend that this applicant be admitted to the Davenport University Master of Science in Nursing (MSN) Online Program.
   - [ ] I recommend with some reservation that this applicant be admitted to the Davenport University Master of Science in Nursing (MSN) Online Program.
   - [ ] I do not recommend that this applicant be admitted to the Davenport University Master of Science in Nursing (MSN) Online Program.

   My reservations are:

Recommender’s Signature: __________________________ Date: __________________________

Please return both pages of the completed form to the applicant listed above in a sealed envelope. Sign your name across the seal of the envelope.
TO THE APPLICANT: (Please Type or Print in Ink)

Student Name: ____________________________

Last          First          Middle

Address: ____________________________

Number & Street

City          State          Zip/Country

Telephone (Home)  Telephone (Work)  (Other)

Email Address

Additional Information:

Date of Birth  Student ID (if current Davenport student)  Social Security No. (optional)

TO THE APPLICANT AND THE RECOMMENDER:
This recommendation will be used only for admission purposes. I hereby waive my right to access
this confidential information.

Signature of Applicant: ____________________________  Date: ____________________________

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The person named above is an applicant to the Davenport University Master of Science in Nursing
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Recommenders Name: ____________________________

Last          First          Middle

Position  Title  Organization

Address: ____________________________

Number & Street

City          State          Zip/Country

Telephone (Home)  Telephone (Home)  Telephone (Work)
PROFESSIONAL RECOMMENDATION:

1. In what capacity have you known the applicant?

2. How long have you known the applicant?

3. What are the applicant’s principal talents or strengths?

4. How well has the candidate planned for entry into the Master of Science in Nursing (MSN) Program?

5. Suggested areas for improvement:

6. Please rate the applicant using this scale.

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<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Judge</th>
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<td>Persistence and drive</td>
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</table>
  (ability to allocate & schedule resources/time) | | | | | |
| Analytical ability       |             |      |         |      |                 |

7. Please comment on the above ratings, including any additional statements concerning the candidate’s qualifications for pursuing the Master of Science in Nursing (MSN) Online Program. (Attach an additional sheet if necessary.)

8. Please select one:

- [ ] I strongly recommend that this applicant be admitted to the Davenport University Master of Science in Nursing (MSN) Online Program.
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- [ ] I do not recommend that this applicant be admitted to the Davenport University Master of Science in Nursing (MSN) Online Program.

My reservations are:

Recommender’s Signature: _______________________________ Date: _______________________________

Please return both pages of the completed form to the applicant listed above in a sealed envelope. Sign your name across the seal of the envelope.
The Statement of Purpose (SoP) is an essay that will tell the Graduate Admissions Committee who you are, what has influenced your career path, what your professional interests are and what you plan to do with your master’s degree. The SoP is your opportunity to speak directly to the committee via essay and make your credentials stand out from similarly qualified candidates.

Your SoP should be objective yet self-reflective. The tone of the essay should be straightforward. Your topic should be relevant and concise. Document your conclusions with specific instances or draw your conclusions as the result of individual experience. Your SoP should be about 2–4 typed pages in length.

Some areas to focus on are:

- Outline your skills and qualities. How will these assist you with your graduate studies?
- Significant activities you have engaged in that are relevant to your degree aspirations and the role you served.
- The professional direction you have chosen and how this degree will enable you to realize your career goals.

Graduate student applicants should address their Statement to the Graduate Admissions Committee. The Statement should be submitted to your Admission Representative with your application packet.