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 in 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

   ☐ Statement of Purpose. A comprehensive, 500 word minimum statement of purpose that focuses on your purpose in pursuing the Master of Science in 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.

Mail 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.*
Admission Criteria

Seats are limited and entry is competitive in this program. The minimum admission criteria are:

- Minimum cumulative GPA of 3.0 out of 4.0
- Two completed professional recommendation forms
- Statement of Purpose
- Science and math GPA will be reviewed
EDUCATIONAL BACKGROUND

PREVIOUS COLLEGE(S)

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

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

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

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

TUITION PAYMENT

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

Send completed application packet to:

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 # (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. 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 (Cell)       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.

<table>
<thead>
<tr>
<th>Outlooks</th>
<th>Outstanding</th>
<th>Good</th>
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<tr>
<td>Intellectual ability</td>
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<td>Dependability</td>
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<td>Ability to work with others</td>
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<td>Maturity</td>
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<td>Written communication skills</td>
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<td>Oral communication skills</td>
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<td>Persistence and drive</td>
<td>□</td>
<td>□</td>
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<td>□</td>
<td>□</td>
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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 # (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 (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.

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Recommenders Name: ________________________________

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My reservations are:

Recommender’s Signature: ___________________________ Date: ___________________________

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The Statement of Purpose (SoP) is an essay that will tell the Nursing 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 500 words 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 Nursing Admissions Committee. The Statement should be submitted with your application packet.