

# VILLANOVA UNIVERSITY COLLEGE OF NURSING GRADUATE PROGRAM

## GUIDELINES TO APPLYING TO THE GRADUATE NURSING PROGRAM

**Please review these instructions prior to completion of application. This application is used for students seeking a master's degree or a post-master's certificate.**

**DATES.** Applications for admission are reviewed on an ongoing basis; when the application packet is completed, it is circulated for review. In order for a student to be admitted for a given semester, however, the following "deadlines" are used to allow adequate time for review of an application:

<p><b>FALL semester admission.....July 1</b> <b>SPRING semester admission.....November 1</b> <b>SUMMER term admission.....April 1</b></p>
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**APPLICATION PACKET.** The following items comprise the application packet and must be submitted in order for an application to be reviewed:

- Application Form
- Application Fee
- References
- Miller Analogies Test (MAT) or Graduate Record Exam (GRE) Score **(Not required for Post Master's)**
- Official Transcripts
- Statistics Pre-requisite Documentation **(Not required for Post Master's)**
- Copy of Current RN License
- A completed Criminal Background Check (go to <http://www.villanovabackgroundcheck.com>).

**APPLICATION FORM.** The enclosed "Graduate Program Application for Admission" is to be completed and returned to the Graduate Nursing Program office. **Please read all directions carefully and pay particular attention to the Personal Statement section on page 4.**

**APPLICATION FEE.** The application form must be accompanied by a fee (non-returnable) of \$50.00, made payable in U.S. funds. The check or money order should be made payable to Villanova University; do not sent cash.

**REFERENCES.** Reference forms (enclosed) are to be submitted by three professional colleagues who are well acquainted with your academic and professional work. Each respondent is to complete and sign the letter of recommendation, enclose it in the envelope provided, and return the envelope to you after having signed the back over the seal. Letters of recommendation can be submitted separately and need not accompany application form.

**MAT or GRE SCORE.** **(Not required for Post Master's)** The Miller Analogies Test (MAT) or Graduate Record Exam (GRE) may be taken at any college or university that offers these tests. Villanova University is one of the MAT testing centers, and arrangements to take the test at Villanova can be made through the Counseling Center (610-519-4050). The GRE test information and test sites are available at [www.gre.org](http://www.gre.org) or at Villanova's Career Planning and Placement Center (610-519-4060). The MAT or GRE results are to be sent directly to the Office of University Admission, Graduate Nursing Program.

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**OFFICIAL TRANSCRIPTS.** An official transcript from each previous college or school attended (e.g., diploma, certificate, undergraduate, graduate) is to be sent to the Office of University Admission, Graduate Nursing Program by the Registrar of the college or school involved. Student copies of transcripts are not acceptable.

**STATISTICS PRE-REQUISITE DOCUMENTATION.** (Not required for Post Master's) Completion of an undergraduate (or graduate) course that includes both descriptive and inferential statistics is required for admission. Documentation of completion of such a course is to be provided through an official transcript.

**CRIMINAL BACKGROUND CHECK.** Villanova University has partnered with American DataBank to provide background checks for healthcare students, go to: <http://www.villanovabackgroundcheck.com>. Please select 'Package 1: Basic PA Statewide Criminal Plus County Criminal'.

**PERSONAL STATEMENT.** Describe career goals and reasons for applying to the Graduate Program. Nurse Practitioner applicants should include their conceptualization of the nurse practitioner role. Nurse Anesthetist candidates should describe their clinical practice experiences.

**INTERVIEW.** (Required for all Nurse Anesthetist applicants) An interview is usually not required for admission; however, any applicant is invited to make an appointment with a faculty member who teaches in the Graduate Nursing Program to discuss the program, career goals, financial assistance, or any other areas.

**GRADUATE STUDENT CATALOG.** To view the College of Nursing Graduate Student Catalog, go to: [http://www.villanova.edu/nursing/assets/documents/graduate\\_catalog.pdf](http://www.villanova.edu/nursing/assets/documents/graduate_catalog.pdf)

**MAILING.** All correspondence concerning application to the Graduate Nursing Program should be mailed to the following address:

**GRADUATE NURSING PROGRAM  
Office of University Admission  
800 Lancaster Avenue  
Villanova, PA 19085-1690**

All calls should be made directly to the Graduate Nursing Program office at 610-519-4934.



VILLANOVA  
UNIVERSITY

# APPLICATION FOR ADMISSION GRADUATE NURSING PROGRAM

800 Lancaster Avenue  
Villanova, PA 19085-1690

## PERSONAL INFORMATION:

Name \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (Maiden) (First) (Middle)

Present Address \_\_\_\_\_  
No. Street City State Zip Code Telephone

Permanent Address \_\_\_\_\_  
No. Street City State Zip Code Telephone

E-Mail Address \_\_\_\_\_

Place and Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Citizen of U.S.? \_\_\_\_\_ If not, what country? \_\_\_\_\_  
If not, what type of visa? \_\_\_\_\_

Name of person to be notified in case of emergency \_\_\_\_\_  
(Last) (First) (Relationship)

Address \_\_\_\_\_  
No. Street City State Zip Code Telephone

## PERSONAL OBJECTIVE:

Type of role for which you wish to prepare (check one):  
 Nurse Educator       Health Care Administrator  
 Nurse Practitioner (specify) \_\_\_\_\_  
 Postmaster's (specify) \_\_\_\_\_

Term you wish to enter:      Fall       Spring       Summer       Year \_\_\_\_\_  
 Anticipated student status:      Part-Time       Full-Time

## ETHNIC GROUP\*:

\*Villanova University must provide information on ethnic diversity to various agencies including the Office for Civil Rights, U.S. Department of Education. This data is used for reporting purposes only. Responding to this inquiry is entirely voluntary. Failure to respond will have no adverse effect on the evaluation of your qualifications for admission (to be completed by U.S. citizens only). Ethnic origin should be determined as follows: (check one)

- African-American, not of Hispanic Origin
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic
- White, not of Hispanic Origin

## EDUCATION BACKGROUND:

List all post-secondary schools/ programs attended, including diploma school of nursing and any certificate or practitioner program, if applicable:

Name and Location of School/Program	Dates Attended	Major	Degree & Date

## REGISTERED NURSE LICENSURE:

State(s) and Year(s) \_\_\_\_\_ Country and Year \_\_\_\_\_

Current Registration:      Yes       No       # \_\_\_\_\_

**PROFESSIONAL NURSING EXPERIENCE:**

For each position, record the nursing responsibilities. List all positions for the last ten years IN REVERSE ORDER. Attach a separate page(s) if necessary.

1) Title of Current Position \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Location \_\_\_\_\_  
Business Phone Number \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Title of Position \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Location \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Title of Position \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Location \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Title of Position \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Location \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**PROFESSIONAL MEMBERSHIPS:**

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**COMMUNITY ACTIVITIES:**

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**PUBLICATIONS/RESEARCH ACTIVITIES:**

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**HONORS/AWARDS** (including scholarships, fellowships, honor societies, etc.):

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**REFERENCES:**

List name, title and address of professional nurses who are in a position to evaluate you and who will submit references. Please indicate how you know each individual and how long you have known him/her.

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL STATEMENT:**

Concisely state your reasons for applying to your proposed field of study. Describe your professional career goals, including your expected contributions to the field of professional nursing. Nurse Practitioner and Nurse Anesthetist applicants should describe clinical practice experiences and expertise and articulate your vision for advanced practice. Should you need more space attach an additional page. Please type or attach your typewritten statement to this page.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_