

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF NURSING, GRADUATE STUDIES  
1900 GRAVIER STREET, BOX G-4  
NEW ORLEANS, LOUISIANA 70112-2282  
(504) 568-4213

GRADUATE PLAN OF STUDY

APPLICATION INFORMATION AND INSTRUCTIONS

**INSTRUCTIONS:** This application is in Adobe Reader Format. This application may be completed by typing directly on the application and then printing it from your computer or by printing this application and completing it using a typewriter. You will not be able to save the file unless you have Adobe Acrobat.

Please read these instructions carefully. Check each box to indicate you have read and/or completed the required information. Incomplete applications will not be considered.

- Louisiana State University Health Sciences Center School of Nursing uses an application procedure which is managed by the applicant. This procedure significantly reduces the possibility of late or misplaced supporting documents and gives the applicant control of the process.
- Collect all required materials and submit the completed application packet to the Office of Student Affairs.
- Scores GRE or MAT taken within the last five (5) years are required for admission. Request official scores to be sent directly to the Office of Student Affairs.
- Students are required to provide evidence of Louisiana State Nursing Registered Nurse licensure by the end of the first week of classes, at the first semester of enrollment and annually, in January thereafter.
- A physical examination, including documentation of immunizations, is required

INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET

- 1. Complete the Application Form. It must be typed.

**Please note:** The process of requesting and receiving transcripts of prior academic work may take up to four (4) weeks. Plan ahead!

- 2. Type the information on the Transcript Request Form. Type your name and address on the envelope marked "Transcript". Send this form and envelope to the Office of the Registrar at the college or university from which you received your BSN or completed any post baccalaureate coursework. Contact the Office of Student Affairs if you need additional transcript envelopes.
- 3. A non-fundable application fee of \$50.00 is required. This fee is payable only by check or money order made to the LSUHSC School of Nursing.

- \_\_\_\_\_ 4. When you receive all completed Transcript Request Forms and academic records in the sealed and signed envelopes, include them unopened with your fee and Application Form in the envelope provided.
- \_\_\_\_\_ 5. Self-address the enclosed postcard, which will be returned to you as acknowledgement of receipt of your application.
- \_\_\_\_\_ 6. Enclose three letters of recommendation. See "Guidelines for Submission of Data for Specific Educational Specialization options" for specifics.
- \_\_\_\_\_ 7. If you answer "yes" to question Part III. 3, 5 or 6, you must include a typewritten explanation and staple to the back of the application Form.
- \_\_\_\_\_ 8. Mail the completed packet to the LSUHSC School of Nursing Office of Student Affairs.
- \_\_\_\_\_ 9. If you have any questions about these procedures, please contact the Office of Student Affairs at (504) 568-4213.

**NOTE:** The LSU System assures equal opportunity for all qualified individuals, without regard to race, color, religion, sex, national origin, age, handicap, marital status, or veteran's status in the admission to, participation in, or employment in the programs and activities operated by the LSU System.

**Guidelines.**

The following delineate specific information required for each of the specialization areas. Criteria for letters of recommendation required clinical experience.

**MASTER OF NURSING OPTIONS:**

- A. Applicants to the CNS Program must have three (3) letters of recommendation. At least two of these individuals should address your clinical skills and one should address your ability to succeed in graduate study.
- B. Applicants to the Primary Care Nurse Practitioner Program must have three (3) letters of recommendation. One letter of recommendation must be provided from a faculty member from an undergraduate school/college attended, one from a nursing supervisor who can provide a recommendation regarding your organizational skills, critical thinking skills, and level of clinicals, skill and ability, and one from a nurse practitioner.
- C. Applicants to the Nurse Anesthesia Program must have three (3) letters of recommendation that reflect your suitability for the nurse anesthetist role and experience or skill set necessary to complete this rigorous program. One letter of recommendation must be provided from a nurse anesthetist, one from a nursing colleague who can provide a recommendation regarding your clinical ability.

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 .....Yhf'g'g' ci `X'VYZca ]bXj ]Xi Ug'k\ c`WU'UXXfYgg'W]b]WU'g\_]`g'UbX'W]h]WU'h ]b\_]b[ ]b'U@]j Y`=B7I "'  
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.....9".....5 dd]WUbg'lc'h YBi fg]b[ `5Xa ]b]gfU]cb'Dfc[ fUa 'a i gh\ Uj Yh fYYfl L`Yhf'g'cZfYZfYbW'"CbY`Yhf'  
 .....g' ci `X'VYZca `h Y]a a YX]U]Ygi dYfj ]gcf`UbX'cbYZca `Ub`UXa ]b]gfU]cf ]b'h YZM] ]hf'

.....**DOCTOR OF NURSING SCIENCE**

.....Include a published or unpublished scholarly paper that you have written.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF NURSING  
1900 Gravier Street, Box G4  
New Orleans, Louisiana 70112-2282

APPLICATION FOR ADMISSION-GRADUATE STUDY

Name: \_\_\_\_\_  
Last First Middle Initial Maiden

I hereby apply for admission to the Louisiana State University Health Sciences Center School of Nursing Program for the \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year  
\_\_\_\_\_ Part-time \_\_\_\_\_ Full-time

My intended program of study is the Master of Nursing with specialization in:  
My intended program of study is the RN to MN Program with specialization in:

- \_\_\_\_\_ •Nurse Anesthesia (RN to MN applicants are ineligible)
- \_\_\_\_\_ •Nurse Practitioner - Primary Care
- \_\_\_\_\_ •Nurse Practitioner - Neonatal
- \_\_\_\_\_ •Nursing Administration
- \_\_\_\_\_ •Clinical Nurse Specialist in Adult Health Nursing
- \_\_\_\_\_ •Clinical Nurse Specialist in Psychiatric-Community Mental Health Nursing
- \_\_\_\_\_ •Clinical Nurse Specialist in Public Health/Community Health Nursing

My intended program of study is the Doctor of Nursing Science with a functional focus of:

- \_\_\_\_\_ •Graduate Nursing Education
- \_\_\_\_\_ •Clinical Consultation

PART 1. PERSONAL DATA

1. Mailing Address:

\_\_\_\_\_ Apt. Number  
Number and Street

\_\_\_\_\_ Parish/County  
City, State, and Zip Code

2. Permanent Home Address:

\_\_\_\_\_ Apt. Number  
Number and Street

\_\_\_\_\_ Parish/County  
City, State, and Zip Code



15. Male students, ages 18-26, should complete this section:

Louisiana state law requires you register for the federal draft, under the Federal Military Selective Service Act, prior to your enrollment in any institution of the LSU System. Please sign your name on the line below, indicating you are in compliance with this state law:

I, \_\_\_\_\_, have registered with the Selective  
(Print your name)  
Service System in accordance with the Military Selective Service Act.

\_\_\_\_\_  
(Signature) (Date)

If you are not required to register with the Selective Service System, please indicate below the reason why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II RESIDENCE DATA**

1. Date you moved to your present home address: Month \_\_\_\_\_ Year \_\_\_\_\_
2. If you have been living at your present address less than two years, list previous home addresses for past two years:

Number/Street	City/State	Zip Code	Date
_____	_____	_____	_____
_____	_____	_____	_____

COMPLETE Items 3 & 4 ONLY IF YOU ARE NOT PRESENTLY RESIDING IN LOUISIANA.

3. Have you ever resided in Louisiana? \_\_\_\_ Yes \_\_\_\_ No  
If yes, From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_
4. Are you participating in the Academic Common Market? \_\_\_\_ Yes \_\_\_\_ No

**PART III. EDUCATIONAL/ PROFESSIONAL DATA**

1. List all undergraduate and graduate degrees and institutions attended, beginning with last school attended. (attach additional pages if necessary.)

College/University	City/State	Dates attended	Major	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. If you have previously attended LSUHSC, list the name(s) under which you registered:

_____	_____
Name	Semester/Year
_____	_____
Name	Semester/Year

3. Have you ever been suspended or dismissed from any college or university for academic or disciplinary reasons?     Yes     No

4. In which states are you currently registered to practice nursing?

_____	_____	_____	_____
State	State	State	State

5. Has any disciplinary action, consent order or settlement been imposed or pending on your licensure in any of the above states?     Yes     No

6. Have you ever been named in a civil/malpractice case related to your employment as a nurse?     Yes     No

7. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

8. List the clinical settings in which you have practiced for the past ten years see Guidelines for Submission of Data for Specific Educational Specialization Options. **ATTACH EXTRA PAGES IF NECESSARY**

NAME	ADDRESS	POSITION	DATES OF EMPLOYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List the names and addresses (telephone number if known) of three individuals who will submit letters of recommendation on your behalf. See Guidelines for Submission for Data Specific Educational Specialization Options.

NAME	ADDRESS	Telephone
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**PART IV. GOAL STATEMENT:**

Please prepare a one page (300 word) goal statement. Indicating your professional strengths and areas needing improvement, your long range professional goals, the specific client/patient population with whom you have worked, and the specific characteristics predisposing you for a career in your area of proposed specialization.

**PART V. FALSIFICATION OF REPSONSE**

I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I know that falsification of any information on this form will subject me to dismissal from the University. I further certify that I have read and understand the instructions for the completion of this application.

\_\_\_\_\_  
Signature (sign in ink)

\_\_\_\_\_  
Date

**NOTE:** Your application cannot be evaluated by any School Committee until all documentation and credentials are received. This includes application, application fee, official transcripts, official GRE or MAT scores, and all references.