

ENDICOTT COLLEGE

376 Hale Street • Beverly, MA 01915 • (978) 232-2199 • FAX: (978) 232-3000

Van Loan School of Graduate and Professional Studies

APPLICATION FOR GRADUATE ADMISSION: MASTER OF SCIENCE IN NURSING PROGRAM

Instructions:

1. Please **TYPE** or **PRINT** the answers to ALL questions.
2. Return the completed application along with a non-refundable fee of \$50.00; make checks payable to Endicott College. Please remember to sign and date the application.
3. Arrange to have the following sent along with your application or under a separate cover to the Van Loan School of Graduate and Professional Studies, 376 Hale Street, Beverly, MA 01915:
 - a. Complete, official transcripts from all undergraduate and graduate course work.
 - b. Two letters of recommendation.
 - c. A statement of professional goals.
 - d. Official copy of scores from either the Graduate Record Examination (GRE) Code: 3854 or the Miller Analogies Test (MAT) Code: 2567, unless you already hold a Master's degree.
 - e. All students for whom English is not a first language must submit scores from the Test of English as a Foreign Language (TOEFL). Code: 3369
For information on applying for the test, see the TOEFL website at www.toefl.org or write to TOEFL, Box 899, Princeton, NJ 08540, USA.
 - f. A photocopy of your R.N. license, which must be current and unrestricted.
 - g. Documentation of a Bachelor of Science in Nursing degree from a regionally accredited college or university whose nursing program is nationally accredited by the National League for Nursing (NLNAC) and/or the Commission on Collegiate Nursing Education (CCNE). Please include transcripts from each college or university attended as an undergraduate and/or graduate student.*
Note: applicants must have completed an undergraduate, introductory course in statistics.
 - h. An admission interview is required of all candidates; please call Graduate and Professional Studies at (978) 232-2199 to make arrangements. Telephone interviews may be permitted.
* Note: Program options may be available to enable Associate degree prepared RNs who hold a non-nursing baccalaureate degree to enter the Master of Science in Nursing program.

Intended Program of Study – Please check one:

- Master of Science in Nursing: Education Concentration Master of Science in Nursing: Administration Concentration

Planned Date of Enrollment:

- Fall Semester, Year _____ Spring Semester, Year _____ Summer Session, Year _____

Location where classes will be taken: _____

Citizenship:

- U.S. Citizen Resident Alien
 International Citizen of (country) _____ Non-Resident Alien, Visa type _____

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____ Male Female

Full Name _____
Last/Family Name First Middle Former Preferred First

Permanent Mailing Address _____

City _____ State or Country _____ Zip or Postal Code _____

Telephone (H) (_____) _____ (W) (_____) _____

Cell Phone (_____) _____ FAX (_____) _____

E-mail Address(es) _____

Date of Birth _____ - _____ - _____ Place of Birth _____
Month Day Year City, State, Country

Marital Status: Single Married Widowed Separated/Divorced

Have you ever applied to the Van Loan School of Graduate and Professional Studies? Yes No

If yes: year(s) _____ program(s) _____

Have you ever been a student at Endicott College? Yes No If yes, year(s) _____

EMPLOYMENT INFORMATION

Current Employer _____ Dates of Employment _____
Street Address _____ City _____ State _____ Zip _____
Job Title _____ Name of Supervisor _____

Previous Employer _____ Dates of Employment _____
Street Address _____ City _____ State _____ Zip _____
Job Title _____ Name of Supervisor _____

HIGH SCHOOL INFORMATION

Please list all high schools you have attended; include dates of attendance and diploma awarded:

High School _____
Location _____ Dates Attended _____ Year of Graduation _____

High School _____
Location _____ Dates Attended _____ Year of Graduation _____

COLLEGE INFORMATION

Please list all institutions you have attended; include dates of attendance and degrees (if any) awarded:

Institution _____ Location _____
Dates Attended _____ Credits _____ Degree _____ Major _____

Institution _____ Location _____
Dates Attended _____ Credits _____ Degree _____ Major _____

DISTINCTIONS/ACTIVITIES/AWARDS

Date(s)	Distinction/Activity/Award	Description
_____	_____	_____
_____	_____	_____

RECOMMENDATIONS

Please provide two letters of recommendation from individuals who, in your opinion, are qualified to judge your ability to do college work. The completed letters should be sent directly to the Van Loan School of Graduate and Professional Studies at Endicott College, 376 Hale Street, Beverly, MA 01915.

Please list the names of the persons from whom you have requested a recommendation:

Name	Position/Title	Relationship
_____	_____	_____
_____	_____	_____

REFERRAL

Please indicate how you became interested in Endicott College's Master's programs in Interior Design:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Advertisement (radio) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Past or Current Student | <input type="checkbox"/> Reputation | |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> College Fair | <input type="checkbox"/> Information Session | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Advertisement (print) | <input type="checkbox"/> Family/Relative | |

Race and Ethnicity – Optional Information *

* These questions are being asked to furnish statistics, as required by the Department of Education.

Are you Hispanic or Latino? (choose only one)	What is your race? (choose one or more)	
<input type="checkbox"/> Yes, Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/Non-Hispanic
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Native Hawaiian/other Pacific Islander	<input type="checkbox"/> Asian
	<input type="checkbox"/> Unknown/Other (explain)	<input type="checkbox"/> White

I hereby make application for the herein named student and agree to the fees, terms, and conditions as set forth in the Graduate Catalog. In consideration of the undertaking by the Van Loan School of Graduate and Professional Studies to process this form, the undersigned agrees that the furnished information on the application form, together with all information and materials of any kind received by the Van Loan School of Graduate and Professional Studies from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his or her family, except that the Vice President and Dean of the School of Graduate and Professional Studies may, for official purposes at his or her discretion, disclose any part or all thereof to such person or persons as required by the application law.

Signature of Applicant _____ Date _____