Application
Graduate Programs In Nursing

Winona State University
Graduate Programs in Nursing
859 30th Avenue SE
Rochester, MN 55904

Applicants need to apply to the Graduate Studies Department as well as the Graduate Programs in Nursing Department.
The MS/MA Application for Admission to the Graduate Studies Department can be found at: www.winona.edu/gradstudies/forms.asp

1. Term and year you plan to enroll at Winona State University:
   □ Fall  □ Spring  □ Summer  of the year: __________  □ Full-time  □ Part-time

2. Degree/Award Objective:  □ RN to MS Accelerated Pathway (Must be a current WSU BSN student to be eligible.)
   □ Master of Science, Nursing (Must have a conferred BSN degree to be eligible.)
   □ Graduate Certificate (Must have conferred MS in Nsg Degree to be eligible.)

Program:
   □ Acute Care Nurse Practitioner
   □ Family Nurse Practitioner
   □ Adult/Gerontology Nurse Practitioner
   □ Adult/Gerontology Clinical Nurse Specialist
   □ Nurse Educator
   □ Nursing and Organizational Leadership

Area of Clinical Interest: ________________________________________________________________

3. Previous nursing education: (check all that apply)
   □ LPN  □ ADN  □ Diploma  □ BSN  □ BS not in nursing  □ MS in nursing
   □ MS not in nursing  □ PhD/EdD/DNP

4. Warrior ID Number (if previous WSU Student): __________________________

5. E-mail Address: ________________________________________________________________

6. Name: __________________________________________________________________________
   (Last) (First) (Middle Initial) (Maiden/Other)

7. Current Mailing Address: __________________________________________________________
   (Street) (City)
   (County) (State) (Zip Code) (Country)

Home Phone: ______________________ Business Phone: ______________________ During Hours: ______________________

8. Permanent Mailing Address: _________________________________________________________
   (Street) (City)
   (County) (State) (Zip Code) (Country)

Phone: ______________________ Other Phone: ______________________

Are you a resident of Minnesota: _____________________ If so, how long? ______________________

9. U.S. Citizen?  □ Yes  □ No  If no, list native language: ________________________________

If yes, state of residence: ______________________

If you are an international student, please contact the International Student Office at 507/457-5303.
If you are a student of color, you may want to contact the Inclusion & Diversity Office at 507/457-5595.
If you are a US veteran, you may want to contact the Veteran’s Office at 507/457-5109.
If you have a disability, you may want to contact the Disability Services Office at 507/457-2957

Graduate Nursing Web Site: www.winona.edu/nursing

Revised: 06/01/12
10. High School Graduated from: ____________________________________________________________
   (City)  __________  (County)  __________  (State)  __________  (Country)  __________

11. Have you ever attended Winona State University in prior years?  □ Yes  □ No  □ Undergraduate  □ Graduate
   Dates of attendance: ________________________________________________________________
   Under what name: ___________________________________________________________________

12. Students with a GPA below 3.0 will be considered for provisional admittance. The General Test of the Graduate Record
   Examination (GRE) is required for international students. It must have been completed within the last five years. STUDENTS
   WHOSE FIRST LANGUAGE IS NOT ENGLISH MUST TAKE BOTH THE GRE AND THE TEST OF ENGLISH AS A FOREIGN
   LANGUAGE (TOEFL). Information, application, dates and testing sites for the GRE and TOEFL may be obtained from the
   Educational Testing Service, 20 Nassau Street, Princeton, NJ 08541. Request that the test results be sent to the Graduate Office,
   Somsen 114, PO Box 5838, Winona, MN 55987.

   Graduate Record Examination: Date taken or scheduled: ______________________ Score (if known): V______ Q______ A______
   %______ %______ %______

13. Computer literacy with knowledge of word processing, spreadsheet, database, and internet.  □ Yes  □ No
   (Use of home computer recommended. Graduate Students are not required to participate in WSUs Laptop program. However, if interested, please
   contact Tech Support at 1.800.342.5978 or visit www.winona.edu/IT/e-warrior.asp);

14. In the space below, list ALL colleges, universities and professional schools (include nursing) attended in chronological order.
   (Include any you plan to attend prior to enrollment.) One OFFICIAL transcript from EACH college, university or professional school
   is required and must be sent directly to the Office of Graduate Studies, PO Box 5838, Winona MN 55987. Begin with the first
   school attended. (WSU graduates need not submit WSU transcripts.) Graduate Certificate candidates need only submit one
   official transcript from the college where MSN degree was conferred.

<table>
<thead>
<tr>
<th>Month &amp; Year Attended</th>
<th>Name of School</th>
<th>Location City, State, Zip</th>
<th>Major</th>
<th>Diploma/Degree And Date (conferred or expected)</th>
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(If additional space is needed, use a separate sheet.)

15. List below all courses in progress or planned prior to admission.

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<tr>
<th>Term</th>
<th>Year</th>
<th>Exact Course Title</th>
<th>Course Number</th>
<th>Qtr/Sem Credit Hrs.</th>
<th>Name of School</th>
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16. If you have been employed during or after college, or have served in the armed service, list your employers or military service and type of work in chronological order, starting with current position.

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Name & Title of Immediate Supervisor

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Name & Title of Immediate Supervisor

(If additional space is needed for additional positions, use separate sheet)
17. B.S.N. Degree: Year received__________ NLN or CCNE Accredited Program  □ Yes  □ No
   Institution______________________________________________

18. If applying for Acute Care Nurse Practitioner program, please list amount and type of critical care experience (e.g., ICU, ER, ICU/CUU, unit providing high acuity care with fast-paced decision making and complex procedures): ________________________________________________________________

________________________________________________________________________________

19. Are you a Sigma Theta Tau – Kappa Mu Member? □ Yes  □ No
    If yes, where and when were you inducted: ________________________________________________

20. Undergraduate content in health assessment is **required**. Assessment content may have been offered as a specific course or integrated through the curriculum. Undergraduate courses in statistics and nursing research are **strongly recommended**.

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<tr>
<th>Health Assessment Content:</th>
<th>College</th>
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<th>Plan to Take</th>
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<tr>
<td>Nursing Research:</td>
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<td>Introductory Statistics:</td>
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21. Licensure as a Registered Nurse in the U.S.A. or Territories. When in the Graduate Nursing Programs, a Minnesota RN license is required.  *(MN RN licensure can be accessed by Administration via on-line RN License web site.)*

   A. State(s) licensed in__________________________________________________________
   B. License Number(s)________________________________________________________________

22. Liability Insurance □ Yes  □ No  If yes, date of expiration:________________________


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<th>Membership/Activities/Offices Held</th>
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24. Awards/Recognition *(Please provide brief description)*

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25. Professional Certification/Granting Organization (other than BLS). *(Please indicate if required by employer.)*

   (ACNP applicants: Evidence of holding ACLS certification currently and ability to complete ECG interpretation course prior to beginning clinical year required)

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26. Publications/Citations *(Attach available reports or reprints.)*

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27. Please list the names of three persons whom you will ask to provide references.

1. _______________________________________________________  (Supervisor: ☐ Current  ☐ Most Recent)
2. _______________________________________________________  ( ☐ Academic  ☐ Professional)
3. _______________________________________________________  ( ☐ Academic  ☐ Professional)

28. Please attach a typed statement summarizing your personal and professional qualities that will contribute to your success in completing the program. In your statement please address the following:

A. Identify your goals for graduate study and professional development.
B. Identify and discuss professional experiences in community service, leadership/responsibilities, evidence-based practice, clinical practice and/or research that have contributed to your professional development.
C. Describe your strengths that will facilitate your success in the graduate program.
D. Identify your approaches to address personal challenges you will face as you progress in the Graduate Programs in Nursing.
E. Describe your perceptions of the advanced role you have selected (i.e., Nursing and Organizational Leadership, Nurse Educator, Clinical Nurse Specialist or Nurse Practitioner).
F. Describe your reasons for pursuing education in your selected role.

*Please limit your statement to three (3) typed pages. (Please include your name on the statement.)

(continued on back)
APPLICATION REQUIREMENTS

The applicant seeking admission to the Graduate Programs in Nursing is required to submit the following to:

Graduate Programs in Nursing
Winona State University
859 30th Avenue SE
Rochester, MN 55904

1. A complete application for admission to the Graduate Programs in Nursing. (Please do not attach a resume in place of answering questions. Fill out all questions. List “N/A” [not applicable] if question does not pertain to you);
2. Three references (Graduate Certificate candidates submit two references). (Applicants are responsible for sending reference forms and ensuring they are received by the Graduate Programs in Nursing by the application deadline date. Please use the forms provided with this application.)
3. A statement of goals (#28 of application);
4. Official scores for the Graduate Record Examination (GRE) Aptitude Test (if required, see Department Admission Requirements);
5. One official copy of TOEFL score if international student;
6. Evidence of current unencumbered license as a Registered Nurse. Minnesota licensure required for all clinical courses. Other state licenses also required for clinical experiences in those states;
7. An interview may be required;
8. Applications must be postmarked by the deadline dates listed below.

The applicant will also need to seek admission to the Office of Graduate Studies. Please submit the following to:

Office of Graduate Studies
Winona State University
PO Box 5838
Winona, MN 55987

1. A complete MS/MA Application for Admission must be sent to the Office of Graduate Studies. Application may be found on their website at: www.winona.edu/gradstudies/forms.asp
2. APPLICATION FEE: A $20, non-refundable application fee is required the first time students apply for admission to Winona State University. Make check payable to: Winona State University.
3. OFFICIAL TRANSCRIPT: One (1) official transcript of all undergraduate and graduate work must be sent directly from each institution(s) you attended.
4. Deadline dates listed below apply for submitting this application to the Office of Graduate Studies.

APPLICATION DEADLINES

Master’s and Graduate Certificate Nursing Program (excluding NP Graduate Certificates): Submission of application, transcripts and other required material must be postmarked by December 1st for fall semester enrollment.

NP Graduate Certificate Program: Submission of applications, transcripts and other required materials for the NP Graduate Certificate Program must be postmarked by November 1st for fall semester enrollment.

RN to MS Program: Submission of application, transcripts and other required material must be postmarked by October 15th for fall semester enrollment. (Students must have prior approval from BSN Program before applying to the MSN program. Please contact the Undergraduate Nursing Program with questions at 507.285.7349.)

I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that these are submitted as promptly as possible. It is my responsibility to make sure all necessary application materials are complete and on file. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied. Official transcripts must be received in unopened/sealed envelopes.

I have read the requirements for admission to the graduate program in the School of Nursing. I CERTIFY that the information on this form is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal.

________________________________________  __________________________________________
Signature of Applicant                                      Date
Concerning Application for Admission

1. Name of Applicant__________________________________________________________

NOTE TO RECOMMENDER: The person whose name appears above has applied for admission to the WSU College of Nursing. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. If you are unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in the majority of the categories listed. Please fill in both sides of this form and return it to: Graduate Programs in Nursing, Winona State University – Rochester, 859 30th Avenue SE, Rochester, MN 55904.

2. During what dates did you know this person and in what connection?__________________________________________________

3. From among the college/professional nurse population with whom you are acquainted, how would you rate this applicant?

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<th>Superior Top 15%</th>
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4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

5. What do you consider to be the applicant's major liabilities or weaknesses?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

6. Please describe any situations or incidents which illustrate the applicant's integrity, maturity, initiative, motivation, or other qualities related to academic, administrative or leadership ability (i.e., administrative, teaching, research, or organizational activities).

___________________________________________________________________________________________________________
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7. Do you know any special circumstances in the applicant's social, academic, or professional background or emotional makeup that should be considered in evaluating the information normally used in making nursing school admission decisions?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

8. How well do you think the applicant has thought out her/his plans for graduate study?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

9. Do you recommend the applicant for graduate study? ☐ Yes ☐ No

10. General Comments

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Signature: __________________________________________

Name (please print): __________________________________

Title: ______________________________________________

Facility: ____________________________________________

Address: ___________________________________________

Date: _______________________________________________

We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.
Winona State University

Graduate Programs in Nursing

REFERENCE FORM

I hereby waive my right of access to this recommendation and understand that I will not be able see it under any circumstances.

Applicant's signature___________________________________

I do NOT waive my right of access to this recommendation.

Applicant's signature___________________________________

Concerning Application for Admission

1. Name of Applicant__________________________________________________________________________________________

Last                      First                      Middle

NOTE TO RECOMMENDER: The person whose name appears above has applied for admission to the WSU College of Nursing. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. If you are unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in the majority of the categories listed. Please fill in both sides of this form and return it to: Graduate Programs in Nursing, Winona State University – Rochester, 859 30th Avenue SE, Rochester, MN 55904.

2. During what dates did you know this person and in what connection?___________________________________________

3. From among the college/professional nurse population with whom you are acquainted, how would you rate this applicant?

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   Diligence and Perseverance
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   Writing Ability
   Flexibility
   Ability to work under stress
   Leadership
   Emotional Stability
   Creativity
   Teaching Ability
   Overall Potential

(continued on back)
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7. Do you know any special circumstances in the applicant's social, academic, or professional background or emotional makeup that should be considered in evaluating the information normally used in making nursing school admission decisions?
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8. How well do you think the applicant has thought out her/his plans for graduate study?
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9. Do you recommend the applicant for graduate study?  □ Yes  □ No

10. General Comments
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Signature: __________________________________________
Name (please print): ___________________________________
Title: ________________________________________________
Facility: ______________________________________________
Address: _____________________________________________
Date: ________________________________________________

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**Winona State University**

Graduate Programs in Nursing

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**Concerning Application for Admission**

1. Name of Applicant_______________________________________________________________________________

   Last   First   Middle

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(continued on back)
4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

5. What do you consider to be the applicant's major liabilities or weaknesses?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

6. Please describe any situations or incidents which illustrate the applicant's integrity, maturity, initiative, motivation, or other qualities related to academic, administrative or leadership ability (i.e., administrative, teaching, research, or organizational activities).
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

7. Do you know any special circumstances in the applicant's social, academic, or professional background or emotional makeup that should be considered in evaluating the information normally used in making nursing school admission decisions?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

8. How well do you think the applicant has thought out her/his plans for graduate study?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

9. Do you recommend the applicant for graduate study?  □ Yes  □ No

10. General Comments
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Signature: ______________________________
Name (please print): ______________________________
Title: ______________________________
Facility: ______________________________
Address: ______________________________

We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.

Date: ______________________________