



**Faculty of Nursing
Master of Science in Nursing Application**

This form is to be completed by all applicants for the MScN programs and Post-Master's Diploma program and uploaded to your online application. All information will be held in the strictest confidence.

I. Personal Information:

Name: _____ Student Number: _____

Permanent Address: _____

Local Address: Same as Above _____

Telephone: _____ E-mail: _____

Indigenous Person: YES NO (Note: self-declaration is optional)

Active Nursing License – Jurisdiction/Registration Number: _____

Note: Applicants who are admitted to the program are required to maintain their license and be in good standing throughout the duration of the program. Students who are successfully admitted to the program are expected to inform the Faculty immediately if there are any changes in their licensure status at any time such a change occurs. Changes in your licensure status will affect your progression in the program.

II. Option and Proof of Hours:

Please choose which of the following program options you are applying for:

OPTION 1: Practicum

Note: Applicants to the practicum option must provide proof of clinical hours (1950) achieved by the application due date in the form of a letter from their employer(s) OR a screenshot of their hours on file with the CRNNL.

OPTION 2: Nurse Practitioner

Note: Applicants to the Nurse Practitioner option must provide proof of clinical hours (3900) achieved by the application due date in the form of a letter from their employer(s) OR a screenshot of their hours on file with the CRNNL.

OPTION 3: Post-Master's Nurse Practitioner Graduate Diploma

Note: Applicants to the Diploma option must provide proof of clinical hours (3900) achieved by the application due date in the form of a letter from their employer(s) OR a screenshot of their hours on file with the CRNNL.

III. Interview:

Applicants may be required to attend a virtual interview as part of the application process. Would you be able to participate in a virtual interview?

YES NO

IV. Personal Statement and Fit with the MScN Program:

Note: This section replaces the "Statement of Interest" on the School of Graduate Studies application; therefore, you do need to answer this question on the SGS application.

All applicants: Please upload your personal statement (maximum 500 words) as a **separate Word document** to your online application. This statement must explain why you are interested in studying nursing at the graduate level. Your statement must include the following:

- Explain the link(s) to your experience, expertise and skill set you expect to develop in the MScN program.
- Identify your five-year professional goals and how this program will help you reach them.
- Describe your personal philosophy of nursing and how graduate studies may enhance your understanding of nursing as a discipline.
- Include an explanation of how you will manage the workload associated with the MScN program given other commitments (e.g., work, family). Please provide specific examples and strategies.
- Any other information you think demonstrates your readiness for graduate studies (e.g., post-BN coursework, training, etc.).

Applicants to the practicum option must also:

- Be specific about your area of interest for graduate studies (e.g., for a potential practicum project).

Applicants to the NP options must also:

- Be specific about your area of interest for NP practice and how your previous experience will contribute to your learning.
- Suggest clinical areas (community or hospital based) where you would like to complete the clinical components.
- Discuss your willingness to travel away from your place of residence to complete your clinical hours.

V. Curriculum Vitae

Please complete the following, starting with the most recent.

EDUCATION		
Year Completed	Diploma/Degree	Institution

EMPLOYMENT HISTORY		
Began/Ended	Position	Institution

HONOURS/AWARDS RECEIVED (since graduation from high school)		
Year Received	Title	Institution

RESEARCH STUDIES				
Year	Investigators	My Role	Study Title	Funding Amount

PUBLICATIONS & PRESENTATIONS (provide full citation according to APA format)

PROFESSIONAL DEVELOPMENT (e.g., continuing education, conferences)		
Date	Activity	Institution

OTHER PROFESSIONAL CONTRIBUTIONS (e.g., committees)	
Date	Contribution

COMMUNITY VOLUNTEERISM		
Date	Activity	Role

Declaration: I certify that this application is a true and complete disclosure of the information requested.

Name: _____ Date: _____

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7). It is related directly to the processing of your application for admission to the School of Nursing Master of Nursing Program and will be used for administrative purposes. If you have any questions concerning the collection and use of this personal information, please contact the Academic Program Assistant, Graduate Programs, Faculty of Nursing at gradnursing@mun.ca Approved by Graduate Studies Committee Faculty of Nursing – September 2020.