

M.S.N. APPLICATION PACKET CHECKLIST

The following materials should be sent as one packet to the Graduate School:

_____ Graduate School Application

_____ \$25.00 Application Fee

_____ M.S.N. Application

_____ Personal Statement

_____ Resume

_____ Three Recommendations

_____ R.N. License

The following materials should be sent directly from the institution to the Graduate School:

_____ Miller Analogies Test (MAT) scores

_____ Two Official Transcripts from **All** Institutions attended.

**SEND ALL THE ABOVE APPLICATION MATERIAL ITEMS AND REQUESTED ITEMS TO:
UNIVERSITY OF TENNESSEE AT CHATTANOOGA
GRADUATE SCHOOL, DEPT. 5305
615 MCCALLIE AVE.
CHATTANOOGA, TN 37403**

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA SCHOOL OF
NURSING M.S.N. APPLICATION**

**SEND THE COMPLETED APPLICATION ALONG WITH REQUESTED ITEMS TO:
UNIVERSITY OF TENNESSEE AT CHATTANOOGA
GRADUATE SCHOOL, DEPT. 5305
615 MCCALLIE AVE.
CHATTANOOGA, TN 37403**

- 1 Complete each item on this form, making certain that each entry is legible.
- 2 Enclose all items requested in the application. See check list at the end of this application.
The completed packet must be received by the Graduate School by the announced deadline in order to be considered for admission.
- 3 Notification of change in address must be submitted to the Graduate School and the School of Nursing.

Name _____
Last First Middle/Maiden

Address _____
Street City State Zip County

E-mail Address _____

In case of emergency contact _____

Telephone () _____

OPTIONAL INFORMATION (for information purposes only, is not a factor in admission decision):

| | | |
|-------------------------|------------------------------|--------------------------------------|
| Male _____ Female _____ | Social Security Number _____ | |
| Date of Birth _____ | Place of Birth _____ | |
| Age _____ | Marital Status _____ | Number of Children _____ |
| Race: _____ White | _____ Black(nonHispanic) | _____ American Indian/Alaskan Native |
| _____ Hispanic | _____ Asian/Pacific Islander | _____ Other |

Concentration for which you are applying:

- _____ Nurse Anesthesia – Chattanooga Program
- _____ Nurse Anesthesia – Tupelo, MS Program
- _____ Family Nurse Practitioner
- _____ Post Master’s Certificate Nurse Anesthesia
- _____ Post Master’s Certificate Family Nurse Practitioner

Previous Education – List all colleges attended-name, city/state, enrollment dates, diploma/degree.

| NAME | CITY/STATE | ENROLLMENT DATES | DEGREE |
|------|------------|------------------|--------|
|------|------------|------------------|--------|

Have you ever been on probation or suspended from any educational institution for academic or disciplinary reasons? _____yes _____no If yes, use separate sheet and explain fully.

Have you ever been accepted and/or dismissed from any certificate granting program (i.e. nurse anesthesia, nurse practitioner, etc.)? _____yes _____no If yes, use separate sheet and fully explain.

Date MAT Exam taken or scheduled: _____

Nursing experience:

| <i>From</i> | <i>To</i> | <i>Clinical Area</i> | <i>Position</i> |
|-------------|-----------|----------------------|-----------------|
| Current: | | | |

Prior:

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Certifications and professional organizations:

Underserved population:

What type of patients do you intend to serve after you graduate:

- _____all private
- _____medically underserved (needy)
- _____mixture of both

Is your home community considered to be “medically underserved”?

- _____yes
- _____no
- _____do not know

Are you planning to return to your home community after graduation?

- _____yes
- _____no
- _____do not know

I understand that completion of this application does not constitute admission to the UTC Graduate School or the UTC School of Nursing M.S.N. program. I understand that admission to the Graduate School does not imply admission to the M.S.N. program. I understand that I cannot register for or attend nursing classes until official approval is received from the Graduate School and the School of Nursing. I certify that the information given in this application is true and complete. I am aware that falsifying information will result in my dismissal from UTC.

Signature

Date

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
SCHOOL OF NURSING**

M.S.N. PERSONAL STATEMENT

This statement should include:

- 1 Your prior professional experience
- 2 Your career goals
- 3 Your reasons for pursuing graduate study in the chosen concentration

RESUME

Attach a copy of your resume to your statement. Both should be typed.

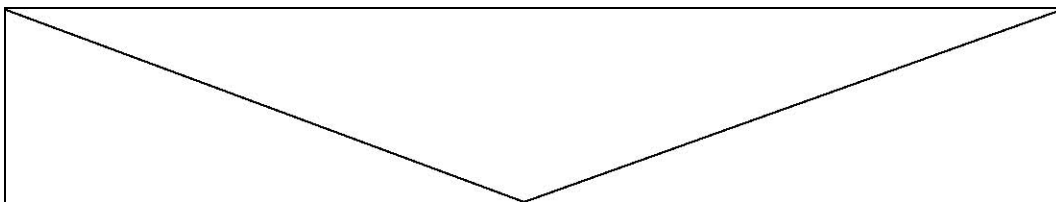
The University of Tennessee at Chattanooga does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits, pursuant to the requirements of Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, The Americans With Disabilities Act of 1990, and other applicable statutes. Inquiries and charges of violation of this policy should be directed to the Office of the Director for Affirmative Action, 104 Founders Hall (423) 755-4124.

IMPORTANT CHECK LIST

Before you submit your MSN application, have you included:

- _____ M.S.N. application form
- _____ M.S.N. personal statement
- _____ Resume
- _____ Recommendations (3)
- _____ Copy of RN license
- _____ Graduate Application form

Sealed reference envelope example:



Nurse Anesthesia Concentration Clinical and Program Information or Family Nurse Practitioner Concentration Program Information can be found at <http://www.utc.edu/Academic/Nursing/MSNApplication.php>.

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
SCHOOL OF NURSING
M.S.N. RECOMMENDATION/REFERENCE**

Applicant: The applicant should complete the following items and give the form to an individual well acquainted with his/her educational abilities and/or clinical abilities. Two of the three references must be from recent employer, faculty member or Dean.

Applicant's Name: _____

Applicant's Address: _____

I waive _____ I do not wish to waive _____ the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this reference form in my file at the UTC School of Nursing.

Signature of Applicant _____ Date _____

Person Completing Reference: The above-named individual is seeking admission to the graduate program in the UTC School of Nursing. The information given in this recommendation will be confidential ONLY if the above waiver has been signed by the student. **You are to place the completed recommendation in a sealed envelope. Place your signature across the flap of the sealed envelope and return to the applicant.**

I have known this individual for _____ years as his/her _____ teacher _____ advisor _____ employer _____ other

Please rate the applicant on the following characteristics. Circle each rating as indicated.

| | Superior | Above Average | Average | Fair | Poor | Not Known |
|--------------------------------------|----------|------------------|---------|------|------|--------------|
| Analytical Skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Clinical Performance (overall) | 5 | 4 | 3 | 2 | 1 | 0 |
| Clinical Performance (accuracy) | 5 | 4 | 3 | 2 | 1 | 0 |
| Clinical Performance (efficiency) | 5 | 4 | 3 | 2 | 1 | 0 |
| Character/Ethics | 5 | 4 | 3 | 2 | 1 | 0 |
| Intellectual Ability | 5 | 4 | 3 | 2 | 1 | 0 |
| Accountability | 5 | 4 | 3 | 2 | 1 | 0 |
| Punctuality | 5 | 4 | 3 | 2 | 1 | 0 |
| Leadership | 5 | 4 | 3 | 2 | 1 | 0 |
| Honesty | 5 | 4 | 3 | 2 | 1 | 0 |
| Attention to Detail | 5 | 4 | 3 | 2 | 1 | 0 |
| Written Communication Skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Oral Communication Skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Emotional Stability | 5 | 4 | 3 | 2 | 1 | 0 |
| Interpersonal Skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Aptitude for Graduate Study | 5 | 4 | 3 | 2 | 1 | 0 |

Please Print Your Name _____

Signature _____ Title _____

Institution _____ Date _____