



SAINT ANTHONY
COLLEGE OF NURSING

Masters of Nursing Program Application

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Graduate Application Requirements & Directions

Admission Policy

Saint Anthony College of Nursing conducts its program and implements policies on a non-discriminatory basis with respect to race, age, religion, gender, national origin, marital status, military service, status upon military discharge, disability or handicap, and creed.

The Board, Administration, and Faculty affirm that all students in the College of Nursing MSN degree program must possess intellectual, physical, ethical, emotional, and interpersonal capabilities necessary to complete the MSN degree and to achieve the levels of competency required for safe professional nursing practice. Disabled individuals who apply to Saint Anthony College of Nursing are considered on an individual basis and in compliance with state and federal laws. The College cherishes its right and duty to seek and retain individuals who will make a positive contribution to all aspects of the College Mission.

Admission Requirements

1. Current licensure in the United States as a Registered Nurse in the state where clinical practicum will be taken.
2. Completion of a baccalaureate degree from a regionally accredited college or university.
3. Minimum cumulative grade point average of 2.8 on a 4.0 scale. Official transcripts of all prior college course work.
4. A typed statement of professional, educational, and career goals.
5. Three professional letters of recommendation must be submitted which address the applicant's ability to undertake graduate study. Preferably, at least one should be from a nursing instructor in the student's baccalaureate program. No personal references will be accepted.
6. A completed application for admission to the MSN degree program with the appropriate application fee.
7. A passing score on the TOEFL exam as defined by TOEFL is required for those applicants whose primary language is not English.
8. Verification of all required immunizations must be provided. Specific health requirements will be determined by the College, and/or government and clinical agency mandates.
9. Evidence of current cardiopulmonary resuscitation training must be submitted in accordance with the College's and/or practicum agency's CPR policy.
10. Verification of professional liability, health/accident insurance (if operating a motor vehicle) must be on file in the Graduate Affairs office in accordance with the College's Insurance Requirements policy.
11. *Verification of Transfer/Withdrawal/Dismissal* form must be completed if an applicant has attended another nursing or professional health care program, but did not satisfactorily complete the program.

Admission Decision

The admission process is a self-managed process. All application materials should be sent in a complete packet directly to the Graduate Affairs office. Official transcripts should be sent by each institution directly to the Graduate Affairs office.

Applications for admission are reviewed as received.

Decisions regarding the acceptance of each applicant are made by Graduate Affairs based upon fulfillment of admissions requirements approved by the Faculty and College Board. The College retains the right to accept the most highly qualified applicants as determined by the College.

The applicant must submit a non refundable tuition deposit of \$200 within 30 days of the Graduate Affairs announcement of acceptance into the program. This deposit is semester specific, non-refundable, and non-transferable.

Matriculation depends upon evidence of completion of all requirements and ability to discharge financial obligations. Falsification or incomplete documents may be grounds for denial of admission. Admission materials will be kept on file for 24 months. All documents submitted to Saint Anthony College of Nursing for admission or transfer purposes become the property of the College. Transcripts from other institutions will not be released to a student, nor will they be forwarded to other educational institutions or agencies unless specified by state or federal regulation. A student needing copies of documents from other institutions must contact those institutions directly.

There are 2 application deadlines - Early and Regular

- Early applications are accepted up to December 1st preceding the fall semester in which the applicant intends enrollment. Applications will be reviewed and admissions decisions made by the end of January of the year in which the applicant intends enrollment.
- Regular applications are accepted up to April 1st preceding the fall semester in which the applicant intends enrollment. Applications will be reviewed and admissions decisions made by the end of May of the year in which the applicant intends enrollment.
- Applications that are not approved during the early application period may be rolled over into the regular application pool for further consideration.
- If space is available after the early and regular admissions decision period has passed, late applications may be considered.

Admission Checklist

The following materials must be sent in a complete packet directly to the Graduate Program Office:

- Completed application form with non-refundable \$50.00 fee
- Copy of Registered Nurse license
- Copy of current resume
- A typed statement of professional, educational, and career goals
 - Describe your current professional role
 - Identify your professional, educational, and career goals
 - Describe how attainment of these goals will enhance your professional practice
- Three professional letters of recommendation from faculty or nursing leaders. Send reference forms and self-addressed envelopes to three persons from whom you request references. Please instruct your references to complete the form, enclose it in an accompanying envelope, sign the seal, and return it to you.
- Applicants are to make an appointment for a personal interview with the Associate Dean for Graduate Affairs after transcripts and letters of recommendation have been received. An additional interview with the President/Dean and/or Graduate Affairs may be requested.

Must be sent directly from each institution:

- Official Transcripts of all courses taken at postsecondary institutions must be mailed directly from each college or university attended to the Graduate Program office at Saint Anthony College of Nursing.

Documentation of the following immunizations and tests must be reported:

Students born on or after January 1, 1957 must have received 3 or more doses of (DTP) or (TD) vaccine, administered at the appropriate age, and the last dose having been received within 10 years of enrollment.

Students born on or after January 1, 1957 must have received two doses of live measles vaccine, with the first dose administered not earlier than 12 months of age and the second dose no less than one month later, or had physician diagnosed measles disease, or have laboratory evidence of immunity by a detectable antibody titer.

- Immunizations:
 - Polio
 - Measles and mumps
 - Chicken Pox
- Tests:
 - Rubella titer (students must prove immunity to Rubella and Rubeola)
 - A two-step T.B. skin test upon admission to the College (the second step must be within three weeks of enrollment), and an annual T.B. skin test thereafter and/or annual T.B. assessment by the College Health Nurse.
- Vaccination with Hepatitis B vaccine or a signed release form for Hepatitis B Vaccine. Affiliating agencies where students have clinical experience may require additional tests. Students will be notified by the College when testing is requested by the agencies. Obtaining necessary examinations and tests is the responsibility of the student.
- Other immunizations/test/vaccinations may be required based on clinical experience.



Graduate Program Application

| General Information | | | |
|--|-----------|--|----------------|
| Last Name | First | Middle I | Maiden Name |
| Street Address Or PO Box | | | |
| City | State | Zip Code | County |
| Home Phone | Work Home | Alt. Phone Number | Email Address |
| In case of emergency, please contact: Name & relationship | | Street Address, City, State & Zip Code | Contact Number |

| Admission Information | | | |
|---|--------------|--------------------|---------------|
| Planned enrollment year and semester <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ | | | |
| I am planning to attend as a: <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Student-at-large (SAL) | | | |
| Have you ever applied to SACN before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ | | | |
| How did you hear about SACN? <input type="checkbox"/> Friend <input type="checkbox"/> Media <input type="checkbox"/> Website <input type="checkbox"/> College/University Advisor <input type="checkbox"/> SACN/SASN graduate <input type="checkbox"/> SACN brochure <input type="checkbox"/> SACN Open House <input type="checkbox"/> Other: _____ | | | |
| Post-Secondary Institution (College, University, Trade, Technical or Hospital School): An academic transcript must be sent from each institution. | | | |
| Name of College or Nursing Program | City & State | Date of Attendance | Degree Earned |
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| Current Licensure | | |
|-------------------|-------------------|-----------|
| Type of License | State of Issuance | License # |
| | | |
| | | |
| | | |

I hereby affirm that the information provided on this application for admission to Saint Anthony College of Nursing Graduate Program is, to the best of my knowledge, complete and accurate. I understand that falsification of any application/ registration document may be cause for denial for admission to the College. Should such falsification be discovered after I have been accepted, the Dean will determine appropriate action which could include dismissal from the College.

Applicant Signature

Date



Letter of Recommendation Master of Science Nursing Program

Applicant's Name: _____

Address: _____

Waiver:

I waive the right to inspect this confidential recommendation when it becomes a part of my file at Saint Anthony College of Nursing. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.

Signature **Date**

Directions to Recommender:

The person named above is applying for admission to Saint Anthony College of Nursing (SACN). You have been selected by the applicant to submit your comments on the applicant's qualification for graduate study. Please complete the rating grid by evaluating the applicant in relation to other individuals you have known in a similar capacity. Your comments will be confidential if the applicant has signed the statement above. Please enclose this form in the envelope addressed to the applicant, sign your name across the envelope seal, and send to the applicant.

| | Exceptional | Average | Below Average | No Opinion |
|--------------------------------------|-------------|---------|---------------|------------|
| Motivation for Graduate Study | | | | |
| Conceptual Ability | | | | |
| Analytical Ability | | | | |
| Potential for Research | | | | |
| Writing Effectiveness | | | | |
| Speaking Effectiveness | | | | |
| Collaboration | | | | |



SAINT ANTHONY
COLLEGE OF NURSING

Letter of Recommendation
Master of Science in Nursing Program (cont.)
(Type or Print)

How long have you known the applicant?

Under what circumstance have you known the applicant?

What are the applicant's primary strengths?

What are the applicant's primary weaknesses and how might these affect the applicant's ability to be successful in graduate study?

Your recommendation:

Strongly Recommend _____

Recommend _____

Recommend with Reservations _____

Do Not Recommend _____

Name: _____

Title: _____

Organization: _____

Business Address: _____

Signature: _____

Date: _____