



Department of Nursing

**APPLICATION for Spring 2008
Direct Entry Master of Science in Nursing**

The Direct Entry Master of Science in Nursing Program (DEMSN) is available for applicants who have a baccalaureate in a field other than nursing and who have completed the prerequisite requirements. The DEMSN is an intensive online program of study coupled with clinical education over five continuous semesters. Students graduate with a Master of Science in Nursing degree and are eligible for RN Licensure and California Public Health Nurse Certification.

Applications will be accepted from current and potential residents in the Sonoma State University service area (Sonoma, Solano, Mendocino, Napa and Marin counties) until April 30, 2007. By May 19, applicants will be notified if they have advanced to the interview stage. Interviews will be scheduled the week of June 4, 2007. Final decisions will be sent July 9, 2007. All notifications will be communicated electronically via e-mail.

MSN minimum qualifications:	
1. Baccalaureate Degree 2. Overall Grade Point Average of 3.0 in last 60 units of college-level coursework 3. Completion of Pre-requisite courses 4. Current Certification as Nursing Assistant	5. Prerequisite Courses: Chemistry (organic and biochemistry) - 5 units with lab Human Anatomy – 4 units with lab Human Physiology – 4 units with lab Microbiology 4 units with lab Human Growth and Development or CLEP - 3 units Statistics- 3-4 units
You may apply with pre-requisite courses pending, but they must be completed before the start of the program.	

APPLICATION with \$25.00 fee is due by April 30, 2007

The Department of Nursing COMPLETE APPLICATION INCLUDES:

1. This application form with a Non-refundable application fee of \$25.00 made payable to SSU
2. Two recommendations (forms attached) submitted in sealed, signed envelopes.
3. Essay (instructions included in this form)
4. One official transcript from your Bachelor's program and any schools attended after your Bachelor's
5. Copies of any certifications you may hold

Submit this application to:

**Sonoma State University
Department of Nursing
1801 E. Cotati Ave.
Rohnert Park, CA 94928**

Applicants who are admitted by the Department will be required to submit a CSU Graduate application in August 2007 via www.csumentor.edu. There is a \$55 charge for this application. You will not need to request transcripts again - the transcripts you submitted for your departmental application will be forwarded to Admissions & Records to be included with your University application.

**Sonoma State University, Department of Nursing
Nursing Department Application – DEMSN Spring 2008**

PERSONAL INFORMATION

Legal Name: _____

Address: _____

_____, _____

Telephone: _____ (Home) _____ (Cell)

E-Mail: _____

All correspondence will be sent to this e-mail address. Please print clearly.

EDUCATION (begin at Bachelor's Degree)

School	All Institutions Location	From		To		# of Units completed		Degree Recvd	Date (to be) Recvd	
		Mo	Yr	Mo	Yr	Sem	Qtr		Mo	Yr

Other name(s) that may appear on your academic records:

Are you eligible to re-enroll at all institutions previously attended? Yes No (attach explanation)

PREREQUISITE COURSES

Prerequisite Course	Institution	Date taken Year/Sem	Grade
Statistics			
Chemistry			
Anatomy			
Physiology			
Microbiology			
Human Growth and Development/CLEP			
Certification as Nursing Assistant			

EMPLOYMENT HISTORY (List all employers in last 10 years)

From	To	Employer	Job Title & Duties

Employment, continued			
<i>From</i>	<i>To</i>	<i>Employer</i>	<i>Job Title & Duties</i>

COMMUNITY INVOLVEMENT (Indicate all non-employment activities that represent a commitment to the community)

<i>From</i>	<i>To</i>	<i>Agency/Location</i>	<i>Job Title & Duties</i>

Are you prepared to be unemployed in order to participate in this intensive program? Yes ___ No ___

CERTIFICATION To be read and signed by all applicants to certify the accuracy of the information provided

I certify under penalty of perjury, or after first being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with my application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission.

Applicant's signature _____ Date _____

Essay – Four sections as indicated below. Label each, A, B, C, D. Maximum length is six typed pages, double spaced, 12 point font. Put your name and "DEMSN" on the face page only.

- A. Reflect on one component of the Role of the Clinical Nurse Leader. <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm>. Explain why you are interested and suited to this nursing role.
- B. Discuss your capability and preparation for an intensive program in which 60-70 hours per week of dedication is necessary during the 5 semesters of coursework and clinical education.
- C. Discuss your experience and skill in scholarly activity (information management, resource utilization, technology, research), communication (written, presentations) and interpersonal relationships in a professional setting.
- D. Discuss how self care activities such as hobbies, physical activities, retreats, workshops affect your life

**SONOMA STATE UNIVERSITY
RECOMMENDATION
Direct Entry Master of Science in Nursing**
(place in sealed envelope and return to applicant for submission)

APPLICANT'S NAME: _____

The above applicant is applying to the **Master of Science in Nursing** program at Sonoma State University. We would appreciate your assessment of this applicant's suitability for entering this Master's level nursing program which is an intensive four semester program.

	Below Average	Average	Above Average	Excellent
Adaptability	1	2	3	4
Motivation	1	2	3	4
Ability to express ideas verbally and in writing	1	2	3	4
Problem solving ability	1	2	3	4
Responsibility for own actions	1	2	3	4
Interest in others	1	2	3	4
Leadership skills	1	2	3	4
Goal oriented	1	2	3	4
Sensitivity to others	1	2	3	4
Maturity	1	2	3	4
Time Management	1	2	3	4

Please summarize your recommendation of this applicant:

_____ Do not recommend _____ Hesitate to recommend _____ Recommend _____ Highly Recommend

Signature Date _____

Print Name Phone _____

Title
Capacity in which you have known this applicant: _____

If you wish this information to be regarded as confidential, please check here _____
If you would like to provide additional comments, please use the reverse or attach a letter

Thank you for providing us with this information. Please return this form to the applicant in a sealed envelope.