

# Lincoln Memorial University

## M.S.N. Program Application Process Checklist



### 1) Take the Graduate Record Examination (GRE)

Have official scores sent to Lincoln Memorial University (LMU) (Institutional reporting code is R1408). The GRE website is: [www.gre.org](http://www.gre.org) . You can register on line (with credit card), by phone (with credit card) or by mail. The test can be scheduled year round. On the website you can enter your zip code and find the test center nearest you. We strongly recommend that you prepare for the GRE using a review book, CDROM, or a GRE-prep class. It will improve your confidence and your score! **NOTE:** If English is not your native language, take the internet version of the Test of English as a Foreign Language (iTOEFL). The iTOEFL has reading, writing, listening and speaking components. The website for this exam is: <http://www.ets.org/toefl> . Have the official results sent to LMU.



### 2) Arrange for official transcripts to be sent

Have transcripts sent to LMU from each college/university/nursing program or school you have attended. Use **Supplemental Form A ONLY** if your transcript will not show evidence of any of the required undergraduate courses and you want to request a waiver.



### 3) Arrange for three (3) recommendations (see Graduate Applicant Rating Form)

Consider nursing instructors, supervisors, or professional colleagues with graduate degrees. Provide each person with the form and an envelope. Ask them to complete the form, then to insert it in the envelope, seal the envelope and to sign across the seal and to return the signed, completed form in the signed sealed envelope to you. You should include the sealed recommendation forms (3) in your completed application packet and send to LMU.



### 4) Complete the M.S.N. application form

Please sign your application.



### 5) Attach your own resume OR use the Resume Form (Supplemental Form B)

Include employment history, military service, academic scholarships, awards and/or honors, professional memberships and awards, professional presentations or publications, and community service activities.



### 6) Write a letter to the Nursing Admissions Committee

In no more than three (3) typewritten pages, discuss your goals and reasons for wanting to undertake graduate nursing study. Indicate what you hope to do (your career plans) upon program completion.



### 7) Enclose the non-refundable \$25.00 application fee

Your check/money order should be made payable to Lincoln Memorial University.

**PLEASE SEND ALL REQUIRED MATERIALS TO:**

**Lincoln Memorial University  
Caylor School of Nursing  
6965 Cumberland Gap Parkway  
Harrogate, Tennessee 37752**

Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion. Please see the Graduate Catalog for Nursing regarding additional requirements for admitted students such as health status forms & immunizations, proof of insurance & licensure, CPR certification, drug screens and background checks.

(All materials submitted become the property of the Caylor School of Nursing and cannot be returned to the applicant.)



**Ethnicity/Race:** \_\_\_\_\_ (Voluntary: for reporting purposes only)

**CITIZENSHIP:** (Check appropriate boxes and complete relevant information)

Are you a U.S. Citizen?  Yes  No Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Do you currently have a visa?  Yes  No If yes, what type? \_\_\_\_\_ (specify)  
I entered the U.S. on \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Date). My I-94 expires on \_\_\_\_ - \_\_\_\_ - 20\_\_ (“admitted until date”)

**CONFIDENTIAL INFORMATION:** Clinical placements may require background checks and drug screens. *In certain situations, investigative background reports are ongoing and may be conducted at any time. Access to the program may be denied at any time by the clinical agency or Lincoln Memorial University.*

Are you currently on probation, under court restriction, or have you ever been convicted of a crime other than a minor traffic violation?  
 Yes  No (If “yes”, attach an explanation)

**REFERENCES:** On the application instruction sheet, you are asked to submit references from three persons.  
Please list the name, address and position of each:

Name	Address	Position

Basic Life Support expiration date: \_\_\_\_\_  
Advanced Cardiac Life Support expiration date: \_\_\_\_\_  
Pediatric Life Support expiration date: \_\_\_\_\_

**LICENSURE INFORMATION:**

*An unencumbered Tennessee license is required prior to enrolling in clinical courses. Clinical placement in neighboring states may require additional licensure.*

In which states are you licensed as a Registered Nurse?

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expires \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expires \_\_\_\_\_

Experience: Number of years/month \_\_\_\_\_ in adult acute care. Where \_\_\_\_\_

**COMPLIANCE STATEMENT**

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial or dismissal from the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please send **ALL** completed application materials (this application, your letter, 3 sealed letters of reference, resume) along with a check for \$25 to: **Lincoln Memorial University, Caylor School of Nursing, 6965 Cumberland Gap Parkway, Harrogate, Tennessee, 37752.**

*Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.*

How did you find out about our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For MSN Program: Undergraduate Equivalency Form (Supplemental Form A)**  
**Complete only if one or more of the following courses does not appear on your transcript.**

Course	How did you obtain proficiency? (circle and fill in as appropriate)	Suggested Documentation (attach copies)
<b>Physical Assessment Course/Skills</b> (attach separate sheet describing specific skills or competencies)	Integrated in course number _____ titled _____ <hr/> On the job training Where? _____ By whom? _____ <hr/> Continuing education When? _____ Describe: _____ <hr/> CEUs awarded? _____ <hr/>	Syllabus, course outline, or letter from program director/instructor  Letter from supervisor describing your instruction and proficiency in physical assessment  Description/documentation of CEUs
<b>Nursing Research Course</b> (attach separate sheet describing specific skills or competencies)	Research course in another discipline <hr/> Honors research project <hr/> Involved in clinical trials <hr/> Completion of research nurse certificate <hr/>	Transcript Course outline, syllabus, letter from instructor  Transcript Course outline, syllabus, letter from instructor  Describe, letter from research director/investigator/ or employer  Certificate CEUs
<b>Introductory Statistics Course</b> (attach separate sheet describing specific skills or competencies)	Integrated into a research or science course Course number _____ titled _____ Integrated into a mathematics or probability course Course number _____ titled _____ Extensive upper level mathematics coursework Describe: _____	Transcript Course outline, syllabus, letter from instructor
<b>Basic Computer Course/Skills</b> (attach separate sheet describing specific skills or competencies)	Employer provided training <hr/> Self-taught: Describe: _____ <hr/> Continuing Ed _____ <hr/>	Letter from employer  Description of competencies: ie, MS Word; e-mail use; internet use, stats programs, Power Point, etc.  CEUs

**The Nursing Admissions Committee will review this material and submitted documentation.  
 The decision to waive any undergraduate course requirements will be final.**

# Lincoln Memorial University MSN Application

## Supplemental Form B: Resume Form

Complete ONLY if you do not have a resume to attach to your application.

Name: \_\_\_\_\_  
*Last First Middle Initial*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - 19\_\_\_\_ Male \_\_\_ Female \_\_\_  
*Month day year*

\_\_\_\_\_  
*Street/Number Apt #*

\_\_\_\_\_  
*City State/Country Zip*

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Employment: (List in reverse chronological order)**

Organization	City/State	Dates	Title	Major Duties/ Accomplishments

(Continue on page 2 if needed)

Military service: \_\_\_ Yes \_\_\_ No If yes, describe: \_\_\_\_\_

Academic scholarships, awards or honors

Professional awards, professional memberships (note offices held, if any)

Professional presentations/publications

Community service

**Resume Form**

**Page 2**

**(Use this page only if needed to list additional previous employers)**

**Name:** \_\_\_\_\_  
*Last First Middle Initial*

**Employment:** *(List in reverse chronological order)*

<b>Organization</b>	<b>City/State</b>	<b>Dates</b>	<b>Title</b>	<b>Major Duties/ Accomplishments</b>



**For MSN Program: Graduate Nursing Student Applicant Rating Form**

**Section I (to be completed by Applicant):** Complete this section before giving this form to the person who will evaluate you. Be sure to indicate whether or not you wish to waive your right to access this reference. Give this form and a business size envelope to the person. Arrange to have the individual return the completed form to you in the sealed envelope. Place all three completed and unopened recommendation forms and all other completed application documents in your application packet and mail to **Lincoln Memorial University, Caylor School of Nursing, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.**

Name (Print) \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_  
(Last) (First) (Middle)  
Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Intended concentration \_\_\_\_\_ Expected Date of Admission \_\_\_\_\_  
Name of Evaluator to whom you gave this form: \_\_\_\_\_  
How long and in what capacity has this evaluator known you? \_\_\_\_\_

The Family Education Rights Act of 1974 and its amendments guarantee students access to their educational records. Students can choose to waive their rights of access concerning recommendations. Please indicate your wish by checking the appropriate place below and signing.

- I waive my right to inspect this recommendation now and in the future.
- I do not waive my right to inspect this recommendation.

\_\_\_\_\_  
Signature Date

**Section II (to be completed by Evaluator):** This individual has applied for admission to the Masters of Science in Nursing program, Nurse Anesthesia concentration, at Lincoln Memorial University, Caylor School of Nursing.

The Admissions Committee at LMU values your honest assessment of the applicant's suitability for graduate preparation as an advanced practice nurse. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may choose to return the form uncompleted. Please complete and sign this form, place it in the envelope, seal and sign the envelope across its seal, and return to the applicant. The applicant will mail the unopened recommendation, along with other application documents, to the Caylor School of Nursing.

How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please evaluate the applicant in the following areas:**

**INTELLECTUAL ABILITY**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**INTEGRITY**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**CLINICAL JUDGMENT**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**EMOTIONAL MATURITY**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**DISPOSITION/ATTITUDE**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**COOPERATION**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**QUALITY OF WORK**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**WORK ETHIC**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARATION**

\_\_\_\_ Excellent    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average    \_\_\_\_ No basis to rate

**How would you rate this applicant in overall ability, motivation, and promise compared with other nurses with similar training and experience who wish to attend graduate school?**

*(Please circle the appropriate number below.)*

4	3	2	1	0	NA
Equal to the best in any program	Will perform at a superior level in graduate school	Performance should be up to the average of most graduate nursing students	Qualifications are marginal, but warrants further consideration <i>(explain below)</i>	Questionable whether admission to graduate school is warranted <i>(explain below)</i>	Unable to judge

Remarks: \_\_\_\_\_  
 \_\_\_\_\_ (May attach another sheet.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Highest Earned Degree: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

***Thank you for your assistance.***

*Please sign, date, & place in the envelope; then please seal & sign the envelope across its seal and return to the applicant.*