



College of Health and Social Services
School of Nursing
New Mexico State University
P. O. Box 30001, MSC 3185
Las Cruces, New Mexico 88003-8001
Phone: (575) 646-3812 Fax: (575) 646-2167

January 7, 2010

Dear Prospective Student:

We are pleased to learn of your interest in the graduate nursing program at New Mexico State University. In response to your request, I am enclosing a brochure that describes the Master of Science in Nursing (MSN) curriculum. We also have a web home page at <http://www.nmsu.edu/~nursing>.

The criteria for admission include: eligibility for admission to the NMSU Graduate School (as described in pages 2 – 5 of the Graduate Catalog); a Bachelor of Science in Nursing (BSN) degree from an accredited college or university; a GPA of 3.0 or above; successful completion of an inferential statistics course; three professional letters of reference (forms are enclosed for these); a letter stating your personal goals for graduate education and intended clinical specialty; your resume identifying clinical practical experience; proof of professional liability; and proof of licensure of eligibility for RN licensure in New Mexico. Please note the GRE test scores are NOT required for admission.

We are excited about this program and believe that our graduates will acquire the knowledge and experience that will enable them to assume leadership positions in nursing as well as in the overall delivery of health care. We are particularly interested in having qualified graduate nursing students join us in our vision for the future of nursing and health care.

If you wish to apply to the program, please send the completed admission form and official transcripts to the Graduate School before the semester deadlines for admission. The three reference forms should be returned directly to the School of Nursing. Your resume and letter of interest should be sent directly to the School of Nursing, MSN Program. Early in the admission/application process, you should arrange to discuss your master's goals with our graduate faculty.

If you have any questions or would like to speak with someone about your plans for graduate study, please contact the MSN advising office at 575-646-5230 or msnnurse@nmsu.edu. Please take the time to complete our online Computer Competency survey at <http://www.nmsu.edu/~nursing/msn>.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kathleen Huttlinger'.

Kathleen Huttlinger, PhD, RN
Professor
Associate Director for Graduate Studies



NEW MEXICO STATE UNIVERSITY
College of Health & Social Sciences
SCHOOL OF NURSING

Application Checklist
YOUR APPLICATION PACKET SHOULD INCLUDE:

- Letter of Interest
(State your personal goals for graduate education and your intended clinical specialty.)
- Professional Résumé
(Identifying Clinical Practical Experience)
- MSN Nursing Application Form
(Please read and complete all the questions)
- Copy of RN License
- Copy of current CPR card
- Copy of Complete Immunization Records
(Use the attached Student Health Form. Include TB results, and any other proof of immunizations.)
- Proof of professional liability
- Official Transcripts
(Please send one official transcript from each college and university you have attended as a registered student, including summer school, night school, courses abroad, etc. Transcripts must be enclosed in the registrar's sealed envelope or sent from the corresponding institution. Note: You will need to submit 2 sets of official transcripts: one set for the School of Nursing and one set for the Graduate School.)
- Confidential Letters of Reference (3)
Complete the top portion of the letter of reference and sign after checking the appropriate box regarding the Family Educational Rights & Privacy Act of 1974. The forms are to be given to your three references for completion. Please provide each reference with a stamped, addressed envelope for their convenience.
- Copy of Graduate School Admission Application
(Make a copy of the original one before mailing it to the NMSU Graduate School.)

Send all the materials listed above to:

New Mexico State University
College of Health and Social Services
MSN Program
1335 International Mall, Suite 132
PO Box 30001, MSC 3185
Las Cruces, NM 88003-8001



**NEW MEXICO STATE UNIVERSITY
College of Health & Social Sciences
SCHOOL OF NURSING**

MASTER OF SCIENCE IN NURSING PROGRAM

APPLICATION FOR ADMISSION

Date of Application: _____ Nursing Specialty Desired: _____

Semester Applying For: Fall 20____ Spring 20____ Summer 20____

Application to Graduate School made Transcripts taken to Graduate School

Social Security #: _____

Name: _____
Last First Middle Maiden

Address: _____
Number & Street City State Zip

Telephone: _____ Home _____ Work _____ E-mail Address: _____

RN License #: _____ State: _____ Expires: _____

List all Colleges and Universities Attended:

Name of Institution	City & State	Graduation Dates	Degree / Major

Enclosed with Application:

Three Reference Forms Resume Goals Letter Health Form

The following information is voluntary and will be used for departmental demographic data only:

Ethnicity:

Native American African American Asian American Hispanic Other White

Date of Birth: _____ Citizenship: _____ Permanent resident Alien: Yes

Thank you,

Student Name: _____

NEW MEXICO STATE UNIVERSITY

Date of Birth: ____ / ____ / ____

Today's Date: ____ / ____ / ____

School of Nursing

STUDENT HEALTH FORM

Nurses play a vital role in eliminating or reducing the spread of diseases. Nurses must protect themselves and others from the spread of communicable diseases. Health care providers are at increased risk for some of the diseases; therefore, specific immunizations and procedures are required for your entrance into the School of Nursing. Local health departments have immunization clinics, or you may wish to consult the NMSU Student Health Center or your private physician.

THE STUDENT MUST ATTACH COPIES OF ALL THE FOLLOWING INFORMATION:

Tuberculosis (Testing must be recent - within the past year)

PPD test: Date: ____ / ____ / ____ Positive: ____ Negative: ____

-- If -- PPD positive* Chest x-ray required: date: ____ / ____ / ____

 Chest x-ray results: Positive: ____ Negative: ____

-- Or --

BCG vaccine*: Chest x-ray required: date: ____ / ____ / ____

 Chest x-ray results: Positive: ____ Negative: ____

* Students requiring Chest x-rays must complete a yearly questionnaire regarding symptomatology.

Measles, Mumps, and Rubella (MMR) immunization

Born after 1980: Date: ____ / ____ / ____

Born between 1957-1980: Date: ____ / ____ / ____

-- Or --

Measles (Rubeola)

Disease confirmed by office record: _____

Born before 1957 and considered immune: _____

Report of immune titer: Date of titer: ____ / ____ / ____ Results: _____

Immunized with vaccine 12 months after birth or later: Date: ____ / ____ / ____

Rubella

Report of immune titer: Date of titer: ____ / ____ / ____ Results: _____

Immunized with vaccine 12 months after birth or later: Date: ____ / ____ / ____

Mumps

Report of immune titer: Date of titer: ____ / ____ / ____ Results: _____

Immunized with vaccine 12 months after birth or later: Date: ____ / ____ / ____

Polio

Completed primary series of polio immunization: Yes: ____ No: ____ Date: ____ / ____ / ____

Type of vaccine: OPV: ____ IPV: ____

Tetanus-Diphtheria

Completed primary series of immunizations: Date: ____ / ____ / ____

Received booster within the last ten years: Date: ____ / ____ / ____

Hepatitis B

Series Completed: Dose 1: Date: ____ / ____ / ____ Titer Date / Results: ____ / ____ / ____

 Dose 2: Date: ____ / ____ / ____ Booster Date: ____ / ____ / ____

 Dose 3: Date: ____ / ____ / ____

Varicella Status: (Check statement below that applies and complete appropriate blanks.)

____ I had varicella / chickenpox Date: ____ / ____ / ____

____ I have not had varicella / chickenpox Titer Date / Results ____ / ____ / ____

____ I don't know if I had varicella / chickenpox

____ I have had varicella vaccine Vaccination Date: ____ / ____ / ____

Vision Screening: (Results & Date) _____ / ____ / ____

Hearing Screening: (Results & Date) _____ / ____ / ____

CPR Expiration Date: ____ / ____ / ____ **(Copy must be provided)**

Emergency Contact Person: Name: _____ Phone: _____

Health Care Provider: Name: _____ Phone: _____

COLLEGE OF HEALTH AND SOCIAL SERVICES

School of Nursing, MSN Program
New Mexico State University
P.O. Box 30001, MSC 3185
Las Cruces, NM 88003-8001
Telephone: (505) 646-8170
Fax: (505) 646-4356



Confidential Letter of Reference

To be completed by Student:

Letter of Recommendation for:

Form with fields for Last, First, Middle, and Ss#

Email: _____ Phone: _____

Please check and sign in accordance with the Family Educational Rights & Privacy Act of 1974:

- I () hereby waive my right of access to this letter of recommendation
() do not waive my right of access to this letter of recommendation

Applicant Signature _____ Date _____

To be completed by the Candidate Assessment:

To the Reference:

The person named above is applying for admission to the M.S.N. program at New Mexico State University. Your assessment of the candidate will assist in the admission decision-making process. We are particularly interested in the applicant's ability to carry on advanced study and research as well as pursue a successful career in nursing. Please complete the following and mail directly to the School of Nursing address above. We look forward to receiving your observations and comments and thank you in advance for your cooperation.

- 1. Please rate the applicant relative to other students with whom you have had contact. Rate the applicant on each of the following items, using a five-point scale: 1=truly outstanding (top 5%), 2=superior, 3=above average, 4=average, 5=below average, X=inadequate knowledge to rate.

Form with fields for rating items: Intellectual Ability, Mastery of Fundamental Nursing Knowledge, Scholarship, Maturity & Stability, Communication Skills: Oral, Communication Skills: Written, Self-Reliance & Independence, Motivation

- 2. How long and in what capacity have you know this student:
3. Please express in your own words your assessment of this applicant's particular qualifications for graduate study. (If additional space is needed, please use the back of this form).

Name (please print) _____ Employer _____
Signature _____ Position _____
Address _____ Phone _____

COLLEGE OF HEALTH AND SOCIAL SERVICES

School of Nursing, MSN Program
New Mexico State University
P.O. Box 30001, MSC 3185
Las Cruces, NM 88003-8001
Telephone: (505) 646-8170
Fax: (505) 646-4356



Confidential Letter of Reference

To be completed by Student:

Letter of Recommendation for:

Form with fields for Last, First, Middle, and Ss#

Email: _____ Phone: _____

Please check and sign in accordance with the Family Educational Rights & Privacy Act of 1974:

- I () hereby waive my right of access to this letter of recommendation
() do not waive my right of access to this letter of recommendation

Applicant Signature _____ Date _____

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Form with rating scales for Intellectual Ability, Mastery of Fundamental Nursing Knowledge, Scholarship, Maturity & Stability, Communication Skills: Oral, Communication Skills: Written, Self-Reliance & Independence, and Motivation.

- 2. How long and in what capacity have you know this student:
3. Please express in your own words your assessment of this applicant's particular qualifications for graduate study. (If additional space is needed, please use the back of this form).

Name (please print) _____ Employer _____
Signature _____ Position _____
Address _____ Phone _____

COLLEGE OF HEALTH AND SOCIAL SERVICES

School of Nursing, MSN Program
New Mexico State University
P.O. Box 30001, MSC 3185
Las Cruces, NM 88003-8001
Telephone: (505) 646-8170
Fax: (505) 646-4356



Confidential Letter of Reference

To be completed by Student:

Letter of Recommendation for:

Last First Middle Ss#

Email: Phone:

Please check and sign in accordance with the Family Educational Rights & Privacy Act of 1974:

- I () hereby waive my right of access to this letter of recommendation
() do not waive my right of access to this letter of recommendation

Applicant Signature Date

To be completed by the Candidate Assessment:

To the Reference:

The person named above is applying for admission to the M.S.N. program at New Mexico State University. Your assessment of the candidate will assist in the admission decision-making process. We are particularly interested in the applicant's ability to carry on advanced study and research as well as pursue a successful career in nursing. Please complete the following and mail directly to the School of Nursing address above. We look forward to receiving your observations and comments and thank you in advance for your cooperation.

- 1. Please rate the applicant relative to other students with whom you have had contact. Rate the applicant on each of the following items, using a five-point scale: 1=truly outstanding (top 5%), 2=superior, 3=above average, 4=average, 5=below average, X=inadequate knowledge to rate.

Intellectual Ability
Mastery of Fundamental Nursing Knowledge
Scholarship
Maturity & Stability
Communication Skills: Oral
Communication Skills: Written
Self-Reliance & Independence
Motivation

- 2. How long and in what capacity have you know this student:
3. Please express in your own words your assessment of this applicant's particular qualifications for graduate study. (If additional space is needed, please use the back of this form).

Name (please print) Employer
Signature Position
Address Phone

NMSU Web Site Addresses for Graduate Applicants

Distance Education

<http://vrc.nmsu.edu/distance/degrees/details.cfm?id=39>

Financial Aid Office

<http://fa.nmsu.edu/>

Graduate Application

<http://gradschool.nmsu.edu/admit-form.html>

School of Nursing

<http://www.nmsu.edu/~nursing/>

University Accounts Receivable

<http://www.nmsu.edu/%7Euar/schecosts/schcosts.htm>

For further information please contact the School of Nursing MSN office @ 575-646-8170 or the main office: 575-646-3812.

Citizenship

Permanent Residents must submit a copy of their I-551 card. Passport and visa will be requested as needed.

- US Citizen
 Permanent Resident
 Alien Registration Number _____

International students should visit <http://www.nmsu.edu/~ip/> for application procedures.

Race/Ethnicity (Optional)

This information is requested by government agencies to demonstrate compliance with the Civil Rights Act.

- American Indian or Alaskan Native Principle tribe or pueblo _____
 Asian or Pacific Islander
 Black, Non-Hispanic
 Hispanic
 White, Non-Hispanic
 Other/Unknown
 Prefer not to specify

Residency

For more information, visit <http://www.nmsu.edu/~registra/residency.html>

What is your state of legal residence? _____

As of the date of this application, how long have you been living continuously in New Mexico?

Years _____ Months _____ Days _____

If New Mexico is your state of legal residence, what county do you live in?

SECONDARY CONTACT INFORMATION**Name**

 LAST NAME FIRST NAME MIDDLE NAME
 Mother Father Guardian Spouse Emergency contact Check if this person is a graduate of NMSU.

Address

 STREET AND NO. OR PO BOX NO. APARTMENT, ROOM OR SPACE NO.

 CITY STATE ZIP CODE

Phone

- -
 HOME PHONE CELL PHONE

Email

 EMAIL

ACADEMIC INFORMATION

Previous colleges or universities attended

If more than five, attach a sheet with additional information.

Academic regulations require that students who have registered at other colleges or universities may not disregard their records at such institutions when making application for admission to this university.

Students concealing attendance at another college or university and not submitting a transcript from that college or university will be subject to suspension.

Have you attended any educational institutions other than NMSU?

Yes No

NAME OF PREVIOUS INSTITUTION (MOST RECENT FIRST)	FROM	TO	LOCATION	DEGREE AWARDED AND DATE

Are you eligible to return to the last college or university you attended? If you are not certain, check with your previous institution.

Yes No

TESTING DATA

Standardized tests

Graduate students may be required to take one or more of the following examinations, as determined by the major department: Graduate Record Examination (GRE), the Miller Analogies Test, the Graduate Management Admission Test (GMAT). Some departments also require the Graduate Record Examination Subject Test.

I have not taken any standardized graduate school admission tests.

I plan to take:

GRE _____
MONTH YEAR

Miller _____
MONTH YEAR

GMAT _____
MONTH YEAR

I have taken:

GRE _____
MONTH YEAR

Miller _____
MONTH YEAR

GMAT _____
MONTH

CREDIT CARD

\$30 application fee

If paying by credit card, please complete this section fully.

Mastercard VISA Discover AMEX

Credit card number _____

Name of cardholder _____

Expiration date _____

APPLICATION CHECKLIST

To complete an application to NMSU, please:

- Complete the application form in full and submit it to NMSU (see address below). Incomplete applications will not be processed.
- Insure that all required documents are mailed directly to NMSU (see address below).
- Submit the \$30 nonrefundable application fee by credit card, check or money order with the application form. Include your full name and date of birth on the check.

New Mexico State University

Office of Graduate Student Services
MSC 3G, Box 30001
Las Cruces, NM 88003

575 646-2736 or 575 646-7721 (fax)
<http://gradschool.nmsu.edu>

SIGNATURE

I understand that withholding information in this application, failure to submit all documents, or giving false information may make me ineligible for admission to, or continuation at, New Mexico State University. I certify that all of the preceding statements are correct and complete.

APPLICANT'S SIGNATURE (APPLICATION MUST BE SIGNED)

DATE OF APPLICATION

Non-degree status policies

Non-degree admission is designed to meet the needs of students who do not wish to pursue a degree.

Students considering non-degree status should be aware of the following:

- Non-degree students may not transfer more than 30 credits from this status to any undergraduate degree-seeking program, or more than nine credits to a graduate degree-seeking program.
- Non-degree students are not eligible to receive financial aid, student employment or graduate assistantships.
- Non-degree students are not eligible to participate in student government or intercollegiate athletics.
- Non-degree students may not be eligible for Veterans benefits. Consult with your VA certifying official.
- Transcripts from previous institutions, high school, and/or results of college entrance exams may be required.
- Students interested in using non-degree credit for initial teacher certification or recertification in a new field will be admitted to the College of Education.

Visiting Students

A visiting student takes graduate credits for transfer to his or her parent institution. Visiting students must:

- Apply to the Graduate School 30 days prior to registration.
- Submit a letter to the Graduate Student Services Office from the parent institution's graduate dean indicating that he or she is (1) admitted to that institution, (2) in good standing, and (3) taking courses at New Mexico State University that are acceptable to the parent institution.
- Submit any additional materials required by the NMSU department.
- Be admitted by the NMSU department.
- Visiting students are not eligible for undeclared status or for graduate assistantships.

Deadlines

Department deadlines and requirements for applications are listed at <http://gradschool.nmsu.edu/admit-req.htm>



Transcript Request

Date _____ / _____ / _____

Requesting transcript from: _____

For: _____

PLEASE SEND ONE OFFICIAL COPY OF MY TRANSCRIPT TO:

**Graduate Student Services
MSC 3G
P.O Box 30001
New Mexico State University
Las Cruces, NM 88003-8001**

I was enrolled at your institution from _____ to _____

My date of birth is _____ / _____ / _____

My Social Security number is _____ - _____ - _____

I was enrolled under the following name(s) _____

Student's signature _____

If there any fees involved, please contact me using the following information:

Address _____

City/State/Zip _____

Daytime phone _____

Evening phone _____

Email _____