Le Moyne

Spirit. Inquiry. Leadership. *Jesuit.*

Application for
Graduate Admission

DEPARTMENT OF NURSING GRADUATE PROGRAMS

- Master of Science
- Post-Master's Certificates

APPLICATION INSTRUCTIONS FOR COMPLETION

APPLICATION DEADLINES

The Department of Nursing follows a rolling admission policy for graduate applications within the following deadlines:

August 1 – Fall matriculation **December 15** – Spring matriculation **May 1** – Summer matriculation

INTERVIEW SCHEDULE

Upon receipt of a completed application, qualified candidates will be contacted to schedule an interview.

NOTE: Students may register for up to nine (9) credits as a nonmatriculated student while awaiting application completion.

ADMISSION NOTIFICATION

Admission notification will be made by official letter within three weeks of the completed application process.

APPLICATION CHECKLIST

The following application materials must be submitted in one packet to the Office of Graduate Admission:

_____ **Completed Application**

_____ **Nonrefundable Application Fee** — Please make check or money order payable to Le Moyne College.
- $50 for the Master of Science
- $35 for the Post-Master's Certificate

_____ **Official Transcripts** — Enclose sealed copies of all undergraduate and graduate official transcripts that have been mailed directly to you. If a school's policy prohibits sending transcripts directly to prospective applicants, please request that they be sent to the Office of Graduate Admission at Le Moyne College.

_____ **Two Letters of Recommendation** — Ask two nursing professionals who can attest to your ability to be successful in a graduate program to complete the forms and submit a recommendation. Please ask that these completed forms be placed in a sealed envelope and signed over the sealed back before sending the letters of recommendation to you.

_____ **Professional Résumé** — One- to two-page list of relevant education and work experience.

_____ **RN License** — Provide a copy of current New York state RN licensure or evidence of eligibility for licensure in New York state.

Note: *The Graduate Record Exam (GRE) is not required, but scores may be submitted if the exam has been taken and the applicant determines that the scores provide additional evidence of eligibility.*

In addition to the completed application packet, applicants will also be scheduled for:

- **A personal interview**
- **An on-site writing sample**

COMPLETED APPLICATION PACKET

Please send completed application packet to:

Office of Graduate Admission
Attn: Graduate Nursing Programs
Le Moyne College
Reilly Hall 342
1419 Salt Springs Road
Syracuse, NY 13214-1301
(315) 445-4265
GradNursing@lemoyne.edu

Note: New York state law requires all students to submit immunization records before registering for courses. Please find instructions and the Immunization Record and the Meningococcal Meningitis Vaccination Response forms at www.lemoyne.edu/health_center. If you have questions, please contact Health Services at (315) 445-4440.

Personal Essay

Explain your motivation for pursuing graduate study by addressing one of the following. Please feel free to submit your essay on a separate sheet of paper.

If you are applying for the Master of Science program, how will the specialty focus of adult health and illness and the functional role track in education or administration assist you in achieving your professional and personal goals?

If you are applying for the Post-Master's Certificate program, how will your chosen track in nursing education or nursing administration assist you in achieving your professional and personal goals?

I certify that the information I have provided on this application is correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission.

Signature of Applicant _____ Date_____

Le Moyne College APPLICATION FOR GRADUATE ADMISSION

Personal Data

Social Security # _____ Date _____

Legal Name (Last, First, Middle) _____

Permanent Address _____

City _____ State _____ ZIP _____

Phone (H) _____ (W) _____ E-mail _____

Date of Birth Month _____ Day _____ Year _____ ❑ Female ❑ Male

Ethnicity (optional)

❑ African American/Black
❑ Native American/Alaskan Native
❑ Latino/a
❑ Asian/Pacific Islander
❑ White/Caucasian
❑ Other (specify) _____

Citizenship

❑ U.S. Citizen
❑ Permanent Resident
❑ Non-U.S. Resident
Country of Citizenship _____

How did you learn about the nursing program at Le Moyne College? *(Please check all that apply.)*

❑ Attendance at a specialized graduate forum/fair (city) _____
❑ Visit to Le Moyne College
❑ Flyer advertising the graduate programs
❑ College listing in Peterson's Guide
❑ College listing (guide) _____
❑ Letter from the program
❑ Printed ad (what publication) _____
❑ Alumnus/a (name) _____
❑ Faculty member at your undergraduate school
❑ Placement/career counseling office at your undergraduate school
❑ Friend/Colleague
❑ General reputation of the program
❑ Le Moyne College Web site
❑ Another Web site
❑ Other _____

Degree Program Of Study

Please check the program to which you are applying.

Master of Science

❑ Nurse Educator
❑ Nurse Administrator

Post-Master's Certificate

❑ Nurse Educator
❑ Nurse Administrator

Academic Plan

I am applying for the following semester ❑ Fall ❑ Spring ❑ Summer Year _____

I plan to study ❑ Full time ❑ Part time

Do you currently hold a nursing license? ❑ No ❑ Yes
State in which you are licensed _____ License # _____

Academic History

List below the college(s) you have attended. All college-level work must be included. You must request that each of these institutions send official transcripts to you for inclusion in your application packet. If a school's policy prohibits sending transcripts directly to graduates, please ask the school to send them directly to the Office of Graduate Admission at Le Moyne College.

Institution (State, Country)	Dates Attended	Major Field	Degree Earned	Date Awarded	GPA (4.0 scale)

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from ninth grade (or international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? ❑ No ❑ Yes

Have you ever been convicted of a misdemeanor, felony, or other crime? ❑ No ❑ Yes

If you answered yes to either or both questions, please attach a separate sheet that gives the approximate date of each incident and explanation of the circumstances.

Record Of Current Employment

Present Employer _____ Position _____

Dates of Employment _____ Are you employed ❑ Full time ❑ Part time

Address _____ Phone (_____) _____

References

1. Name_____ Relationship _____

2. Name_____ Relationship _____

Le Moyne College Recommendation Form for Graduate Study in Nursing

To the Applicant: This form should be given to two professional colleagues who can speak to your academic abilities and/or your professional abilities as evidence of your qualifications for graduate study.

To Be Completed By Applicant

Name (Last, First, MI)_____

Please check the program to which you are applying.

Master of Science
- ❑ Nurse Educator
- ❑ Nurse Administrator

Post-Master's Certificate
- ❑ Nurse Educator
- ❑ Nurse Administrator

Address _____ City_____ State_____ZIP_____

Phone (_____) _____ E-mail Address _____

In accordance with the Family Educational Rights Privacy Act of 1974, please check one: ❑ **I do** ❑ **I do not** waive my right to read this recommendation.

Signed _____ Date_____

Name of Recommender _____

To Be Completed By Recommender

Name (Last, First, MI) _____

Organization _____ Position _____

Address _____City _____State _____ ZIP_____

Phone (_____) _____ E-mail Address _____

How long have you known the applicant?_____

How well do you know the applicant? ❑ Very Well ❑ Well ❑ Somewhat

In what capacity have you known the applicant? _____

_____

Personal and Professional Appraisal:
Please check the category that best indicates your evaluation of the applicant in terms of the listed characteristics.

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation
Academic Potential					
Leadership					
Professional Competence					
Sense of Responsibility					
Ability to Work with People					
Rapport with Clients					
Ability to Adapt to New Situations					

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation
Ability to Work Independently					
Reliability					
Oral Communication					
Written Communication					
Ability to Analyze Problems and Solve Them Effectively					

Your recommendation based on applicant's ability to pursue graduate study:

❑ Strongly recommend ❑ Recommend ❑ Recommend with reservations ❑ Do not recommend

In the space below, please explain your recommendation by providing a brief assessment of the applicant's ability to successfully complete graduate study. Please feel free to write in the space below or attach a typed sheet of your explanation.

To the recommender: Please return this recommendation within one week to the person requesting your assistance in a sealed envelope with your signature across the envelope seal.

Signed _____ Date_____

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Name of Recommender _____

To Be Completed By Recommender

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Organization _____ Position _____

Address _____City _____State _____ ZIP_____

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In what capacity have you known the applicant? _____

_____

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Signed _____ Date_____

Notes

Department of Nursing Mission Statement

The mission of the Department of Nursing, consistent with the mission of Le Moyne College, is to educate nurses at the undergraduate and graduate levels to provide the highest quality nursing services and professional leadership. The nursing curricula, integrating the liberal arts and sciences and the culture of the Catholic and Jesuit tradition at Le Moyne, aim to prepare nurses to serve as practitioners and leaders in health care for the new century. Graduates are prepared to be lifelong learners who are future oriented; responsive to the challenges of a dynamic health care environment; possess well-developed communication, critical thinking, and technical skills; and demonstrate professional, caring and competent behaviors that reflect the standards and values of nursing.

Le Moyne College Mission Statement

Le Moyne College is a diverse learning community that strives for academic excellence in the Catholic and Jesuit tradition through its comprehensive programs rooted in the liberal arts and sciences. Its emphasis is on education of the whole person and on the search for meaning and value as integral parts of the intellectual life. Le Moyne College seeks to prepare its members for leadership and service in their personal and professional lives to promote a more just society.

LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. JESUIT.

OFFICE OF GRADUATE ADMISSION
Attn: Graduate Nursing Programs

Le Moyne College
Reilly Hall 342
1419 Salt Springs Road
Syracuse, NY 13214-1301
PH: (315) 445-5444
FAX: (315) 445-6027
GradNursing@lemoyne.edu

www.lemoyne.edu/nursing

Le Moyne College is an affirmative action/equal opportunity employer and equal opportunity institution.

NONDISCRIMINATION STATEMENT Le Moyne College is an Affirmative Action/Equal Opportunity Employer, and does not discriminate on the basis of race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin. For more information visit www.lemoyne.edu/student_life/compliance.htm.

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