



**MASTER OF SCIENCE IN NURSING
PROGRAM APPLICATION**

Section A- Personal Information

1. Applying to enter: Year _____ Semester _____
2. Name: _____
3. Permanent Address _____
 City: _____ State _____ Zip Code _____
4. Home telephone _____ Work _____ Cell _____
5. Email address _____
6. Social Security _____
7. Date of Birth _____

Section B- Education

List all colleges or universities that you have attended or currently attending, including Florida National University

Institution	Date of Attendance	Degree Earned	Credits Completed	Graduation Date
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____

Section C- Current RNs

Do you have a current RN license? Yes _____ No _____

License # _____ Expiration date: _____ Copy attached _____

Section D – Documentation

- a. GRE scores _____ (if GPA lower then 3.0)
- b. Two reference letters _____
- c. Official transcripts _____