Graduate Application

College of Education, Nursing and Health Professions

Department of Nursing

University of Hartford
Application for Master of Science in Nursing

PERSONAL DATA
(Please type or print)

Legal name: __________________________________________________________________________

Student’s Social Security Number (if applicable)

Other name credentials may be under: __________________________________________________________________________

(Name as it appears on passport)

Permanent address: __________________________________________________________________________________________________________________

Street City State ZIP Phone

Local address: __________________________________________________________________________________________________________________

Street City State ZIP Phone

Business address: _____________________________________________________________________________________________________________

Employer City State ZIP Phone

E-mail: _______________________________________________________________________________________________________________________

(*an e-mail MUST be supplied for application update and status)

Date of birth: Day ______ Month ______ Year ______ Sex: □ Male □ Female

Ethnic background (optional):

□ Native American or Alaskan Native □ African-American □ Hispanic

□ Asian-American or Pacific Island □ Caucasian □ Other

Citizenship: Are you a U.S. citizen or a permanent resident (green-card holder)? □ Yes □ No If no, what is your country of citizenship? ____________

What is your country of birth? ____________

COLLEGE OF EDUCATION, NURSING AND HEALTH PROFESSIONS

Degree to which you are applying:

□ MSN Areas of Focus: □ Nursing Education □ Nursing Management □ Community - Public Health

□ Postmasters Teaching Certificate for Nurses

How did you hear about the University of Hartford? ___________________________________________________________________

Have you previously applied to the University of Hartford? □ Yes □ No If yes, when? _______________________________________

Are you seeking graduate transfer waiver/credit? □ Yes □ No If yes, from which institution(s)? ________________________________

To what other graduate programs have you applied to other than University of Hartford? ________________________________

FEDERAL ASSISTANCE (Non-U.S. residents eligible only for graduate assistantships)

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA). Please contact the office of Financial Aid at 860.768.4296.

If applying for full-time study, do you wish to be considered for a graduate assistantship? □ Yes □ No
ACADEMIC HISTORY
List all postsecondary institutions you have attended. (Attach additional information on separate sheet.)

<table>
<thead>
<tr>
<th>Institution (List chronologically)</th>
<th>4-Digit Code (if known)</th>
<th>Location</th>
<th>Attended From-To</th>
<th>Degree Awarded</th>
<th>Year</th>
<th>Major/Minor</th>
<th>GPA</th>
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</table>

List the foreign languages in which you have a basic reading knowledge: ________________________________

RECENT EMPLOYMENT HISTORY
(Attach additional information on separate sheet.)

<table>
<thead>
<tr>
<th>Employer (List chronologically)</th>
<th>Location</th>
<th>Job Title</th>
<th>Dates</th>
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AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES
(Attach additional information on separate sheet.)

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RECOMMENDATIONS
List persons supplying your letters of recommendation. (See direction sheet for required number.)

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
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I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

Applicant’s signature _________________________________ Date _____________________

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administration Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

*$40 Domestic Application, $55 International Application. Hartt School students are required to pay an additional $30 processing fee; check should be made payable to the University of Hartford.
To complete the application for admission to the MSN program:

1. Submit the Department of Nursing Supplementary Application (this form and its attachments) with the general Application for Graduate Admission.
2. Request recommendations from at least two professionals. Use the recommendation forms enclosed in this packet. One recommendation should be from the supervisor in your current position. The second should be from a professional educator who has known you as a student. Others may be added or substituted due to special circumstances.
3. Submit official transcripts from all colleges and postsecondary institutions and course descriptions for any graduate work to be considered for transfer credit.
4. Submit all necessary documentation and the application fee to the Center for Graduate and Adult Academic Services.

To complete the application for admission to the post masters certificate: Complete steps 1, 3 & 4 above. The only required transcript is the institution granting the masters degree.

Name of applicant ___________________ RN License # _____________________________ State __________

☐ Master of Science in Nursing (MSN)
Focus Area(s) (select one or two):     Community/Public Health Nursing
                                        Nursing Education
                                        Nursing Management

☐ Post Masters Teaching Certificate for Nurses

Attach to this form:

1. A resume outlining your nursing career and related educational/professional accomplishments.
2. An essay in which you describe your professional goals and how you expect your proposed graduate program to help you attain those goals. Label the attachment “Professional Goals.” Please take care in composing this essay. Scholarly writing is an outcome of graduate education in the Department of Nursing. This writing sample will be used both to evaluate your eligibility for the program and to assess your current writing skills.

Complete the following if you are requesting transfer credit:

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Institution</th>
<th>Year</th>
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Complete your application form online at: http://admission.hartford.edu/graduate or complete the attached application form.
College of Education, Nursing and Health Professions
Department of Nursing

Graduate Recommendation Form

To the applicant: Enter your full name and the full name and title of the recommender. Give an envelope to the recommender and have him/her mail the form directly to the University of Hartford.

Applicant’s full name ____________________________________________________________________________________

Recommender’s name ___________________________________ Title ____________________________

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

Signature ___________________________________________ Date ______________________________

To the recommender: The person named above is applying for admission to the Master of Science in Nursing program at the University of Hartford and has requested that your evaluation be included as part of the information on which the admissions committee will base its decision. M.S.N. candidates must be able to fulfill the intellectual requirements of graduate study and possess personal qualifications essential to professional performance in the field of nursing. We would appreciate your prompt, candid evaluation.

1. How long have you known the applicant? __________ In what capacity? ____________________________

________________________________________________________________________________________
________________________________________________________________________________________

2. Comments: Please add descriptive comments that will provide the committee with a complete picture of the applicant’s abilities and potential as a graduate student and professional nurse.

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Please return this form to the address above.
3. Personal and professional appraisal:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Comment</th>
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<tbody>
<tr>
<td>Intellectual competence</td>
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<td>Sense of responsibility</td>
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4. Recommendation for Graduate Study in Nursing:

  ________ Strongly recommend
  ________ Recommend
  ________ Recommend with reservations (noted above)
  ________ Do not recommend

Please type or print:

Your name ________________________________________________________________________________________

Title _____________________________________________________________________________________________

Organization ______________________________________________________________________________________

Address __________________________________________________________________________________________ 

  Number and Street

  ________________________________________________________________________________________________

  City    State    ZIP

E-mail ____________________________________________________________________________________________

Date __________________________ Signature ______________________________

Instructions for returning recommendation: Please mail this recommendation directly to the Center for Graduate and Adult Academic Services, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599.
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Please type or print:

Your name ________________________________________________________________________________________

Title _____________________________________________________________________________________________

Organization ______________________________________________________________________________________

Address ___________________________________________________________________________________________

Number and Street ________________________________________________________________________________

City ______________ State ___________ ZIP __________

E-mail __________________________________________________________________________________________

Date ___________________________ Signature __________________

Instructions for returning recommendation: Please mail this recommendation directly to the Center for Graduate and Adult Academic Services, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599.
Statement of Nondiscriminatory Policies

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.