

**OLD DOMINION UNIVERSITY
SCHOOL OF NURSING
GRADUATE PROGRAM
SUPPLEMENTARY APPLICATION FOR ADMISSION
MASTER'S OF SCIENCE IN NURSING**

DATE _____ SOCIAL SECURITY NUMBER _____

1. NAME _____

2. MAILING ADDRESS _____
NUMBER & STREET CITY STATE ZIP

3. PHONE NUMBER _____

4. BIRTH DATE _____

5. EMAIL ADDRESS _____

6. ROLE SELECTED (CHECK ONE) FULL TIME _____ PART TIME _____

- _____ NURSE ADMINISTRATOR
- _____ NURSE EDUCATOR
- _____ FAMILY NURSE PRACTITIONER
- _____ NURSE MID-WIFERY (in conjunction with Shenandoah University)
- _____ WOMEN'S HEALTH NURSE PRACTITIONER
- _____ CERTIFIED NURSE PRACTITIONER TO MSN

7. RACE _____ (THIS INFORMATION IS OPTIONAL & USED FOR STATISTICAL PURPOSES ONLY)

8. BACCALAUAREATE PROGRAM IN NURSING

NAME OF COLLEGE OR UNIVERSITY _____

DATE OF GRADUATION _____

9. PREVIOUS GRADUATE NURSING PROGRAMS ATTENDED _____

10. ARE YOU CURRENTLY ENROLLED AT OLD DOMINION UNIVERSITY?
YES _____ NO _____

11. ARE YOU CURRENTLY ENROLLED AT ANOTHER INSTITUTION?
YES _____ NO _____

IF YES, SPECIFY INSTITUTION AND LOCATION _____

AREA OF STUDY _____

12. CURRENT LICENSURE TO PRACTICE NURSING (R.N.) _____
STATE NUMBER

13. **PROFESSIONAL NURSING PRACTICE EXPERIENCE SINCE GRADUATION FROM THE BACCALAUREATE PROGRAM IN NURSING:**

EXPERIENCE

AGENCY

DATES

14. **UNDERGRADUATE COURSE IN STATISTICS**

COURSE NAME

COLLEGE OR UNIVERSITY

DATES

15. **PREVIOUS EXPERIENCE THAT WOULD SUPPLEMENT YOUR NURSING EDUCATION:**

16. **PLEASE SUBMIT A SHORT ESSAY (TYPED) 500-700 WORDS DESCRIBING:**

- A. **PROFESSIONAL GOALS**
- B. **HOW GRADUATE STUDY IN NURSING WILL CONTRIBUTE TO FULFILLMENT OF THESE GOALS AND OBJECTIVES**

SIGNATURE

ALL APPLICATION MATERIALS ARE TO BE SUBMITTED TO:

**OLD DOMINION UNIVERSITY
GRADUATE ADMISSIONS
ROLLINS HALL
NORFOLK, VA 23529**