



These are the application instructions and eligibility requirements for all RN-MSN and Post Master's nursing programs at SF State. Please read the information provided and follow the instructions while typing the requested information onto the application form.

Applications which are incorrect, incomplete or hand written will not be reviewed.

THE APPLICATION PERIOD BEGINS ON DECEMBER 1, 2011 AND ENDS ON THE FOLLOWING DATES:

RN-MSN	April 1, 2012
RN-MSN Stanford Cohort	April 15, 2012 Extended deadline: May 15, 2012
RN-MSN FNP Concentration	April 1, 2012
Post Master's Family Nurse Practitioner Certificate	April 1, 2012

Applications must be postmarked no later than the above deadlines; those postmarked after the respective deadlines are considered late and may not be reviewed.

ELIGIBILITY REQUIREMENTS

Applicants must meet the following criteria to be eligible for review by the School of Nursing:

- 1) Be eligible for Graduate or Post Master's studies at SF State. An application to the University must be submitted via CSU mentor, www.csumentor.edu, for eligibility to be determined.
- 2) Have scored 4 or higher on the Analytical Writing portion of the GRE by the time of application (**Certificate applicants exempt**).
- 3) Have a valid California RN license.
- 4) Post Master's Family Nurse Practitioner Certificate applicants must have a master's or doctoral degree in nursing.
- 5) RN-MSN FNP Concentration and Post Master's Family Nurse Practitioner Certificate must have one year or 2,000 hours of recent relevant clinical nursing experience.

APPLICATION INSTRUCTIONS AND GUIDANCE

PART I. PROGRAM CHOICE AND DEMOGRAPHIC INFORMATION

Please complete this section using a computer. Handwritten applications will not be accepted.

- A. Use the drop down menu to select the program to which you are applying.
 - An application can be submitted to only one School of Nursing program per admission year. For example, an application cannot be submitted to the RN-MSN and RN-MSN Cohort master's program in the same admission year.
 - Ensure the program selected on this School of Nursing application corresponds with the program selected on the CSU Mentor application.
 - Post Master's Family Nurse Practitioner certificate** applicants should select "**Certificate: Family Nurse Practitioner**" from the Major/Programs major on CSU Mentor.
 - RN-MSN Stanford Cohort** applicants should select "**Nursing Stanford Cohort/RN-MSN**" on CSU Mentor.
 - RN-MSN FNP concentration** applicants should select "**Nursing Family Nurse Practitioner MS**" on CSU Mentor.
 - RN-MSN** applicants should select "**Nursing RN-MSN**" on CSU Mentor.
- B. Use the drop down menu to select your intended graduate area of emphasis.
Note: RN-MSN FNP concentration applicants do not complete this section.
- C. Please indicate if you are a master's degree applicant or a certificate applicant.
- D. Last name: indicate your legal name.
- E. First name: indicate your legal name.
- F. Middle name or initial (optional)
- G. Other legal names which you have used: please indicate marital names, previously used names.
- H. SF State ID number: indicate your SF State ID.
An SF State ID number will be assigned to you after the CSU Mentor application has been submitted. **We therefore recommend you submit the CSU Mentor application prior to submitting the School of Nursing application.**
- I. Demographic Information: this information is optional and is not used for candidate selection or as part of the admission process but rather is helpful to the School, College and University in describing our applicants to others and for reporting aggregated data to state and national accrediting bodies.
 11. Gender: Please select the appropriate box.
 12. Ethnicity: Please select your ethnicity or specify.
- J. Mailing address: please indicate a complete address where mail can be sent to you in the months that follow.
- K. E-mail: please provide us with an e-mail address that can be used to contact you in the months that follow.
- L. Phone: please provide us with the phone number where you are most accessible (cell, home, or work).

PART III. ADDITIONAL MATERIALS

In addition to your GPA, the School of Nursing will review the supplemental criteria noted below.

- A. Submit a copy of both sides of your current California RN license.
- B. Statement of goals.
Your goal statement should address the following five items in 500 words or less:
 - 1) Describe the program of study you are interested in as it relates to your career goals.
 - 2) Clearly outline interest in advanced practice nursing and explain why you are seeking a graduate nursing degree or certificate from SF State.
 - 3) Highlight your professional goals and how you anticipate this program will assist you in attaining them.
 - 4) What contributions do you see yourself adding to the field of nursing?
 - 5) What special attributes will you bring to the nursing profession?
- C. Letter of recommendation and reference form (page 4 of this application). A total of three letters from professional references each with a reference form are required.
 - Enter your name at the top and indicate whether or not you waive access to the recommendation at the bottom of the reference form.
 - Recommenders should return the letters of recommendation and reference forms directly to you, the applicant in a sealed envelope if you've waived access. The reference forms and corresponding letters of recommendation must subsequently be submitted with the nursing application packet. **Letters of recommendation and reference forms should not be sent directly to the School of Nursing unaccompanied by the nursing application packet.**
- D. Current résumé or curriculum vitae
- E. GRE Analytical Writing Score. An official score report should be sent to the San Francisco State University Office of Graduate Admission; code: 4684. Include a copy of your score report with this School of Nursing application.
 - Contact Educational Testing Service (ETS) for information about scheduling a GRE testing date:
<http://www.ets.org/gre>
- F. Sign and date the application.



PART I. PROGRAM CHOICE AND DEMOGRAPHIC INFORMATION

A. Please select which program you are applying to.

B. Please indicate your intended graduate area of emphasis.

C. Applicant Type:

D. Last Name _____

E. First Name _____

F. Middle Initial/Name _____

G. Other Names _____

H. SF State ID # _____

I. Demographic Information (optional): **I1. Gender:**

I2. Ethnicity:

J. Mailing Address _____

K. Email Address _____

L. Phone Number _____

PART III. ADDITIONAL MATERIALS

Attach documentation as noted in part II of the instructions.

I hereby certify that all the information I have submitted in this application and in support of my candidacy for admission to the San Francisco State University School of Nursing is complete and true to the best of my knowledge and belief. I understand that knowingly providing false, incomplete or misleading information may be grounds for denial of admission or, if discovered after an offer of admission has been made, for withdrawal of the offer of admission or dismissal from the School of Nursing and San Francisco State University.

Signature _____

Date _____



SAN FRANCISCO STATE UNIVERSITY REFERENCE FORM

Applicant: Last Name First Name Middle Name Previous Last Name

The applicant noted above has applied to a graduate program at San Francisco State University and listed you as a reference. Please evaluate this applicant on the characteristics indicated in the table below. For each characteristic, please circle a number from one (low) to seven (high). If you are unable to evaluate a particular area, then please skip to the next. In addition to this form, please write a letter of recommendation on letterhead. We ask that you include your relationship to the applicant and the length of time you have been acquainted with the applicant. Your recommendation and completion of this reference form will prove to be helpful during the nursing application selection process. Kindly return both items directly to the applicant in an envelope signed over the seal.

Table with 4 columns: Characteristic, Description, and two columns for ratings (LOW and HIGH) with sub-columns 1-7.

Signature: Date:

Title: Organization:

TO THE APPLICANT: Applicants are advised that upon their admission to the School of Nursing, the Family Educational Rights and Privacy Act of 1974 accords them the right to review these recommendations unless that right is waived.

I have requested that this appraisal form be completed by for use in the SF State School of Nursing admission process. In accordance with the Family Educational Rights and Privacy Acts of 1974, I hereby:

- Waive access to this report which should be considered confidential.
Do not waive access to this report.

Date Applicant's Signature

ONE ENVELOPE MAILING PROCEDURE

The School of Nursing RN-MSN and Post Master's Admission Application and additional materials must be submitted at the same time, in one envelope. Your application packet must be postmarked no later than the application deadline.

Please retain a copy of the complete application packet for your records.

APPLICANT CHECKLIST

RN-MSN, RN-MSN Cohort, & RN-MSN FNP CONCENTRATION APPLICANTS (RNs with a bachelor's degree)

- School of Nursing RN-MSN & Post Master's Admission Application (signed and dated)
- GRE Report of Scores: A) An official score report has been requested from ETS to be sent to SF State; code=4684 B) Copy of the GRE Report of Score included with the School of Nursing application
- Copy of your current California RN license (both sides)
- Goal Statement
- Three letters of reference with corresponding reference forms
- Current résumé or curriculum vitae
- SF State Graduate Admission application submitted via CSU mentor (www.csumentor.edu) and official college transcripts have been sent to the SF State SF State Office of Graduate Admission by April 1, 2012; April 15, 2012 for RN-MSN Cohort applicants. **Note: It is your responsibility to confirm your SF State admissions status with Office of Graduate Admissions.**
<http://www.sfsu.edu/~gradstdy/admission-guideline.htm>

POST MASTER'S FAMILY NURSE PRACTITIONER CERTIFICATE APPLICANTS (RNs with a master's or doctorate degree)


- School of Nursing RN-MSN & Post Master's Admission Application (signed and dated)
- Copy of current California RN license (both sides)
- Goal Statement
- Three letters of reference with corresponding reference forms
- Current résumé or curriculum vitae
- SF State Graduate Admission application submitted via CSU mentor (www.csumentor.edu) and official college transcripts have been sent to the SF State SF State Office of Graduate Admission by April 1, 2012; April 15, 2012 for RN-MSN Cohort applicants. **Note: It is your responsibility to confirm your SF State admissions status with Office of Graduate Admissions.**
<http://www.sfsu.edu/~gradstdy/admission-guideline.htm>

Send the completed nursing admission application to:

San Francisco State University, School of Nursing
Nursing Admission Committee/Graduate
1600 Holloway Ave, Burk Hall 371
San Francisco, CA 94132

Have your official transcripts sent to:

Office of Graduate Admission
San Francisco State University
1600 Holloway Ave, ADM 250
San Francisco, CA 94132

 **You will receive an email confirming receipt of the School of Nursing Graduate Application for Admission within two weeks after the application deadline.**