



FRANCES PAYNE BOLTON  
SCHOOL OF NURSING

CASE WESTERN RESERVE  
UNIVERSITY

## APPLICATION INSTRUCTIONS

### RN to MSN

<b>Deadlines for Application and Supporting Materials:</b>	<ul style="list-style-type: none"><li>• June 1st for Fall semester</li><li>• October 1st for Spring semester</li><li>• March 1st for Summer semester</li></ul>
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**To complete the application process, please do the following:**

<input type="checkbox"/>	<p>1. <b>Complete Miller Analogies Test (MAT) or Graduate Record Examination (GRE)</b> and have official scores sent to Case Western Reserve University, Nursing Department.</p> <p>MAT: <a href="http://www.milleranalogies.com">www.milleranalogies.com</a> or 1-800-622-3231; in Cleveland, call Case 216-368-1030 or CSU 216-687-2272.</p> <p>GRE: <a href="http://www.gre.org">www.gre.org</a>; in Cleveland, call Case 216-368-1030.</p>
<input type="checkbox"/>	<p>2. <b>Arrange for official transcripts</b> from each post-secondary college/ university/school of nursing attended to be sent to the address at the end of this section.</p>
<input type="checkbox"/>	<p>3. <b>Arrange for 3 recommendations</b></p> <p>We recommend RNs in supervisory positions at your current place of employment, professional colleagues who have earned advanced nursing degrees, and nursing instructors. <b>The preference is for nurses who know your clinical work.</b> Complete Section A on each Recommendation Form and provide each person with the form and a stamped Case return envelope.</p>
<input type="checkbox"/>	<p>4. <b>Complete MSN application form</b></p> <p>Please remember to sign your application!</p>
<input type="checkbox"/>	<p>5. <b>Attach a resume</b></p> <p>Include employment history, military service, academic and professional awards, honors, fellowships, memberships and publications.</p>

<input type="checkbox"/>	<b>6. Write an essay</b> In one typewritten or word-processed page or less, discuss your objectives and reasons for wanting to undertake graduate study. Indicate your career plans upon completion of graduate study.
<input type="checkbox"/>	<b>7. Provide the non-refundable \$75.00 application fee</b> Your check/money order should be made payable to Case Western Reserve University.

**Please mail all required materials to the following address:**

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Donna Hassik  
Case Western Reserve University  
Frances Payne Bolton School of Nursing  
Office of Student Services  
10900 Euclid Avenue  
Cleveland, Ohio 44106-4904

**If you have questions:**

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Call 216-368-2529 or email us at [admissionsfpb@case.edu](mailto:admissionsfpb@case.edu).

**All materials submitted become the property of the School of Nursing and cannot be returned to the applicant. Any information about race, ethnicity, gender, color, national origin, religion, age, marital status, physical or mental disabilities is confidential and not used as criteria for admission decisions.**

Updated: 9/29/11



**ETHNICITY:** (Optional information to be used for statistical purposes only)

1. Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. In addition, please select <b>one or more</b> of the following categories to describe yourself: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

**CITIZENSHIP:** (Check appropriate boxes and complete relevant information.)

<input type="checkbox"/> I am a U.S. Citizen
<input type="checkbox"/> I am not a U.S. Citizen <input type="checkbox"/> I need a Student Visa <input type="checkbox"/> Country of Citizenship _____
<input type="checkbox"/> I have a U.S. Permanent Resident Visa Alien Registration Number: _____
Country of Birth: _____ I am already in the U.S. and entered on _____ (date)
Visa Type: <input type="checkbox"/> F <input type="checkbox"/> J <input type="checkbox"/> Other (specify): _____ My I-94 expires on _____ (date)

**EDUCATION\*:** (List in chronological order all colleges and universities attended, including schools of nursing.)

University/School, City/State	Dates Attended	Major	Degree	Graduation Date

\*Arrange to have the Registrar of each institution send a transcript directly to the School of Nursing Office of Admissions. See address at the end of this application.

**LICENSURE INFORMATION:** (Ohio licensure required prior to enrolling in clinical courses)

**In which states are you currently licensed as a Registered Nurse?**

STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_  
STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

If not licensed, when do you plan to take the State Board Examination (NCLEX-RN)? \_\_\_\_\_

**List all current certifications:**

Certification	Certifying Organization	Certification Number

**Have you ever been convicted of a felony?**  Yes  No

If yes, attach a description of the circumstances.

**Please list the names of other schools of nursing to which you are applying:**


**REFERENCES:** On the application instruction sheet, you are asked to submit references from three persons. Please list the name and position of each:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TEST SCORES:** (I have taken the following standardized tests.)

<input type="checkbox"/> GRE General	Date: _____	Verbal: _____	Quantitative: _____	Analytical: _____	
<input type="checkbox"/> MAT (Miller Analogies Test)	Date: _____	Score: _____			
<input type="checkbox"/> GMAT (Only for MSN/MBA)	Date: _____	Verbal: _____	Quantitative: _____	Analytical: _____	
<input type="checkbox"/> Test of English as a Foreign Language (TOEFL)	Date: _____	Score: _____			
<input type="checkbox"/> Test of Spoken English (TSE—required by Ohio Board of Nursing for RN Licensure)	Date: _____	Score: _____			
If you have not yet taken the test required for your program of study, when do you plan to take the test?					
<input type="checkbox"/> GRE	Date: _____	<input type="checkbox"/> MAT	Date: _____	<input type="checkbox"/> GMAT	Date: _____
<input type="checkbox"/> TOEFL	Date: _____	<input type="checkbox"/> TSE	Date: _____		

**Do you wish to apply for financial aid?**  Yes  No

**Have you ever applied to the Frances Payne Bolton School of Nursing before?**  Yes  No

If yes, date: \_\_\_\_\_

**How did you hear about our programs?** \_\_\_\_\_

**Attach to your application the following items:**

1. **Resume or CV**, which includes employment history, military service, community service, academic and professional awards, honors, fellowships, memberships, and publications.
2. In one typewritten or word-processed page or less, discuss your **objectives and reasons** for wanting to undertake graduate study. Indicate your career plans upon completion of graduate study.

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial or dismissal from the program if I am admitted.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All completed application materials should be returned to:

Case Western Reserve University  
 Frances Payne Bolton School of Nursing  
 Office of Student Services  
 10900 Euclid Avenue  
 Cleveland, Ohio 44106-4904



## Recommendation Form

### Master of Science in Nursing (MSN) Program

#### Section A: To be completed by the applicant

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

I do waive                       I do not waive my right to inspect the contents of the following recommendation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Anticipated M.S.N. Clinical Major: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section B: Information for the person serving as the applicant's reference

The above named person has made application for advanced study leading to the M.S.N. degree, Frances Payne Bolton School of Nursing, Case Western Reserve University, and is requesting you to serve as a reference. Please comment on the following.

Circle the number (using the following scale) that represents the applicant's demonstration of the quality.

4 Outstanding    3 Above Average    2 Average    1 Below Average    N Not Observed

<u>Intellectual Curiosity</u> : Raises meaningful questions and seeks answers	4	3	2	1	N
<u>Innovativeness</u> : Moves beyond the obvious situations	4	3	2	1	N
<u>Problem Solving Ability</u> : Uses a systematic approach to the identification and solution of intellectual problems	4	3	2	1	N
<u>Decision Making Ability</u> : Considers alternatives and consequences and takes action on decisions	4	3	2	1	N
<u>Communication</u> : Expresses ideas succinctly and logically in writing; expresses ideas succinctly and logically when speaking	4	3	2	1	N
<u>Self Direction</u> : Plans and executes actions independently	4	3	2	1	N
<u>Open-Mindedness</u> : Gives thoughtful consideration to new and different ideas	4	3	2	1	N
<u>Toleration of Ambiguity</u> : Functions without a rigidly defined, externally imposed structure	4	3	2	1	N
<u>Reliability</u> : Follows through on commitments	4	3	2	1	N
<u>Accountability</u> : Accepts responsibility for own decisions and actions	4	3	2	1	N
<u>Cooperation</u> : Works collaboratively with peers and others	4	3	2	1	N
<u>Self-Confidence</u> : Carries out actions with assuredness	4	3	2	1	N
<u>Assertiveness</u> : Expresses own beliefs and acts on them without hurting others	4	3	2	1	N
<u>Integrity</u> : Functions on the basis of accepted ethical standards	4	3	2	1	N
<u>Flexibility</u> : Changes or modifies behavior when appropriate	4	3	2	1	N
<u>Work With Others</u> : Establishes effective interpersonal relationships with others	4	3	2	1	N





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