Azusa Pacific University School of Nursing

Application for the Master of Science in Nursing (MSN) and Entry-Level MSN Programs

Instructions: Complete this form and return it with the application for graduate admission. Admissions Desire: Fall ____Spring Summer 20____ Name: Date: Address: _____ Street Address City Zip State Telephone: () RN License Number: (For MSN applicants only) Expiration Date: _____ Birthdate: _____ Birthplace: _____ Sex: Male Female Ethnic Group: Marital Status: S M W D U.S. Citizen: ___Yes ___No Languages Spoken: If no, citizen of what country? TOEFL Score: Official transcripts of all college work (one copy only) must be sent to the Office of Graduate Admissions List below all colleges and universities in chronological order, beginning with the most recent. College and Location Dates Major Degree Date Completed Honors received while in school:

Major area of specialty requested	l :		
MSN emphasis:		Post-Masters emphasis:	
Adult CNS Parent-Child CNS Adult-Gerontology NP Family Nurse Practitioner Pediatric Nurse Practitioner PMHNP* School Nursing + School Nurse Cr SNSC* + Family Nurse Practitione SNSC* + Pediatric Nurse Practition Education	edential _	_ Adult CNS _ Parent-Child CNS _ Adult-Gerontology NP _ Family Nurse Practitioner _ Pediatric Nurse Practitioner _ PMHNP* _ Education _ Administration	
*PMHNP – Psychiatric Mental Health Nu *SNSC – School Nurse Services Credentia			
Do you have any known physical o	r emotional handicap	s?	
If yes, please describe and indicate	if you are under the c	are of a physician:	
Program Category: ELM (Entry-Level Master's)	MSN	Post Master's Scho	ool Nurse Credential
Previous work experience within the pages if necessary.	ne past 10 years. Start	with the most recent experience. A	ttach any additional
Name of place worked	City/State	Position (If nursing, specify clinical area)	Date from/to
All applicants are required to give t performance in the nursing field (e. indicate those who will provide reformance).	.g. managers, supervis		