



Dear Prospective Graduate Nursing Student:

Thank you for inquiring about enrollment in our Master of Science in Nursing Program. We currently offer five areas of concentration. Our curricula are reviewed frequently and there may be revisions which are not reflected in the enclosed materials. Our primary goal is to offer you the opportunity for an excellent educational experience which addresses the needs of contemporary nursing and the society it serves.

The Nurse Practitioner concentrations accept students once a year, with the application period ending on July 30th for the Fall class. The review process begins in May but you may submit an application at any time.

For all other concentrations, you may submit an application throughout the year. You will then be contacted by a program coordinator to arrange an interview. After acceptance, your subsequent enrollment will be determined on a space available basis. Generally, beginning the Leadership concentrations in September or January provides the most seamless educational experience.

Please address any questions you have about the admissions process to the Office of Graduate Admissions at (302) 295-1184. If you have questions regarding the program, please direct your questions to the appropriate program coordinator listed in the enclosed materials.

I am pleased you are considering Wilmington University for your graduate nursing education. If I can offer any personal assistance, do not hesitate to contact me at (302) 356-6915. Or, visit our website at www.wilmu.edu/programs/msn.html.

Sincerely,

A handwritten signature in cursive script that reads "Tish Gallagher".

Tish Gallagher, DNSc, RN, CNE
Associate Professor and
Dean, Nursing & Allied Health



INSTRUCTIONS FOR COMPLETING THE MSN PROGRAM
OR
POST-MSN CERTIFICATE APPLICATION

Applicants must submit official transcripts to the Office of Graduate Admissions reflecting completion of the B.S.N degree and all graduate degrees and/or course work. Transcripts must be received in a sealed envelope.

Letters of recommendation must be professional recommendations, with at least one from an individual with knowledge of the applicant's clinical experience and performance. The two recommendation forms must be completed and placed in a sealed envelope.

Students are required to have current RN licensure from any state where clinical experiences are practiced. Registered Nurses must submit a copy of their current RN license.

Applicants are evaluated for admission into the program based on the completion of the following criteria:

- Undergraduate Academic Record
- Graduate Academic Record only for Certificate
- Statement of Goals
- Recommendations
- Work Experience
- Writing Assessment (Holistic score must be 3/6 or above)
- Interview

Checklist of all application items:

- __ Application for Graduate Admission
 - __ Non-Refundable Application Fee of \$35.00
 - __ Official Transcripts (Undergraduate/Graduate)
 - __ Current Resume
 - __ Copy of Current Registered Nurse License
 - __ CPR Card for All Nurse Practitioner Students
 - __ Two letters of Recommendation
 - __ Writing Assessment (Holistic score must be 3/6 or above)
- *instructions will be sent to student after submission of application

The completed application and any subsequent correspondence should be mailed to:

Wilmington University
Office of Graduate Admissions
31 Read's Way
New Castle, DE 19720



WILMINGTON UNIVERSITY
MASTER DEGREE PROGRAM

STATEMENT OF GOALS

(Please type your response, limiting it to two pages)

1. What are your professional goals and how will enrollment in the Master of Science in Nursing program relate to them?

Signature: _____ Date: _____

Name (Print or Type): _____

WILMINGTON UNIVERSITY

APPLICATION FOR GRADUATE ADMISSION

Wilmington University is fully accredited by the Middle States Association of Colleges and Secondary Schools. Wilmington University admits students of any race, creed, and national or ethnic origin. *Return this application with a check made payable to Wilmington University for the non-refundable application fee of \$35.00.* Information for all sites concerning campus security programs, recommended personal safety practices, the authority of college Public Safety Officers, campus disciplinary procedures, and campus crime statistics for the most recent three year period can be found online at www.wilmu.edu/security or may be requested from the Wilmington University Office of Public Safety at (302) 356-6921.

ADMISSIONS INFORMATION

Today's Date: _____

Expected Entrance Term: Fall I Fall II Spring I Spring II Summer I Summer II

Expected Entrance Year: 2008 2009 2010

Social Security Number: _____

Name: (First) _____

(Middle) _____

(Last/Family) _____

Other name which may
appear on transcripts: _____

Address: _____

Number and Street

Apartment No.

City: _____

State: _____

Zip Code: _____

Home Telephone 1: () _____

Cell Telephone 2: () _____

Email Address: _____

Have you ever been convicted of a felony? Yes No

If yes, please attach a description outlining the type of offense, the circumstances of the offense, and the date you were convicted.

SELECT ONE PROGRAM OF STUDY:

Non-Degree

ONLINE DEGREE PROGRAMS

- Administration of Justice
- Business Administration (MBA)
- Information Systems Technologies

DIVISION OF BEHAVIORAL SCIENCE

MASTER OF SCIENCE

- Administration of Human Services
- Administration of Justice
- Administration of Justice:
Leadership & Administration
- Administration of Justice: Criminal Behavior
- Administration of Justice: Homeland Security
- Community Counseling

POST-MASTER CERTIFICATES

- Child and Family Counseling
- Homeland Security
- Mental Health Counseling

DIVISION OF BUSINESS

MASTER OF BUSINESS ADMINISTRATION

- MBA
- MBA: Finance
- MBA: Health Care Administration
- MBA: Homeland Security
- MBA: Management Information Systems
- MBA: Marketing Management
- MBA: Transportation & Business Logistics

MASTER OF SCIENCE

- Management
- Management: Health Care Administration
- Management: Homeland Security
- Management: Human Resource Management
- Management: Public Administration
- Management:
Transportation & Business Logistics
- Organizational Leadership

DOCTOR OF BUSINESS ADMINISTRATION

- Business Administration

CERTIFICATE OF ADVANCED STUDY

- Finance
- Management Information Systems

DIVISION OF EDUCATION

MASTER OF ARTS IN TEACHING

- Secondary Teaching: Grades 7-12
- Secondary Teaching: Grades 7-12 (Non-Certified)
- Pre-Secondary Teaching: Grades 7-12

MASTER OF EDUCATION

- Applied Technology in Education
- Career & Technical Education
- Elementary Education: Grades K-6
- Elementary Studies (Non-Certified)
- Elementary Special Education
- Elementary Special Education (Non-Certified)
- Elementary Special Education (Administrative)
- ESOL Literacy
- Instruction: Gifted & Talented
- Instruction: Teaching & Learning
- Reading
- School Counseling (Elementary & Secondary)
- School Counseling (Non-Certified)
- School Leadership
- Course of Study in Education

CERTIFICATE OF ADVANCED STUDY

- Applied Technology in Education
- Economics for Educators
- Gifted & Talented Education
- Reading

DOCTOR OF EDUCATION

EDUCATIONAL INNOVATION AND LEADERSHIP

- Educational Leadership (P-12)
- Organizational Leadership

DIVISION OF INFORMATION TECHNOLOGY AND ADVANCED COMMUNICATIONS

MASTER OF SCIENCE

- Information Systems Technologies
- Corporate Training Skills
- Information Assurance
- Internet & Web Page Design
- Management & Management
Information Systems

DIVISION OF NURSING

RN License # _____ exp. _____

MASTER OF SCIENCE IN NURSING

- Adult/Gerontology Nurse Practitioner
- Family Nurse Practitioner
- Nursing Leadership
- Nursing Leadership: Educator Track
- Nursing Leadership: Executive Practice Track
- Nursing Leadership: Legal Nurse Consultant

POST-MASTER CERTIFICATE

- Adult Nurse Practitioner
- Family Nurse Practitioner
- Gerontology Nurse Practitioner
- Legal Nurse Consultant
- Nursing Educator
- Nursing Executive

DUAL DEGREE MSN

- Leadership: MSN & MS in Management
in Health Care Administration
- Leadership: MSN & MBA
in Health Care Management
- Leadership: MSN & MS
in Organizational Leadership

ADMISSIONS INFORMATION (CONTINUED)

Initial Status: New Student Transfer Return After One Year Re-Entry (Graduated Once)
 Continuing Education

Enrollment Type: Full-Time Part-Time

Previously Applied: Yes No Previously Attended: Yes No

Access Campus: New Castle (Wilson Graduate Center) Dover Dover Air Force Base Georgetown

Attendance Type: Day Evening Day and Evening Other:

DEMOGRAPHICS (PLEASE COMPLETE THE FOLLOWING)

Date of Birth (mo/day/yr): _____

Gender: Male Female Marital Status: Single Married Veteran Status: Yes No

Employment Status: Full-Time Part-Time Self-Employed Unemployed Other:

Ethnicity (optional): Hispanic Nonresident Alien Hispanics of any race
For Non-Hispanics Only: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Two or more races

Are you a citizen of the United States? Yes No If No, complete the information below.

Residency Status: Permanent Resident (submit copy) Green Card Holder (submit copy)

All International Students must comply with the Bureau of Citizenship and Immigration Services regulations. Please contact the International Student Contact at the Wilson Graduate Center for a complete listing of all materials required for International Student Admissions.

Country of Citizenship: _____ Country of Birth: _____

Overseas Address: _____

Will you require an F-1 visa to study at Wilmington University? Yes No

Are you transferring from another college in the United States? Yes No

What type of visa do you have?

- F-1 (Student in Academic Program) H-4 (Spouse or Child of H-1) R-1 (Religious Worker)
 F-2 (Spouse or Child of F-1) A-1 (Ambassador Diplomat or Immediate Family) R-2 (Spouse or Child of R-1)
 J-1 (Exchange Student) A-2 (Foreign Government Official or Immediate Family) Other _____ (specify type)
 H-1 (Temporary Worker) B-2 (Business Visitor)

PREVIOUS ACADEMIC INFORMATION

List all colleges/universities previously attended. List undergraduate experience first, then graduate. Please list professional schools and certifications last. Please have official transcripts from all institutions listed below forwarded directly from the school to Wilmington University.

	Institution	City/State	Dates Attended	Credits Earned	Degree Earned
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Academic Awards: _____

Do you plan to apply for Financial Aid? Yes No

If yes, contact Student Financial Services at (302) 356-4636 for Financial Aid support and planning.

CONTACT AND EMPLOYER INFORMATION

Emergency Contact Person: _____ Phone Number: (_____) _____

1. (Current Employer)

Company Name Telephone Address

Position Held: _____ From: _____ To: _____

Description of Duties: _____

2.

Company Name Telephone Address

Position Held: _____ From: _____ To: _____

Description of Duties: _____

3.

Company Name Telephone Address

Position Held: _____ From: _____ To: _____

Description of Duties: _____

ACADEMIC & PROFESSIONAL REFERENCES

Name: _____ Position Held: _____

Street Address: _____ City/ State: _____ Zip Code: _____

Name: _____ Position Held: _____

Street Address: _____ City/ State: _____ Zip Code: _____

Name: _____ Position Held: _____

Street Address: _____ City/ State: _____ Zip Code: _____

STATEMENT OF GOALS & OBJECTIVES

Applicants for the Doctor of Business Administration, Doctor of Education, M.S. in Community Counseling, M.S. in Administration of Justice, M.S. in Human Services, and M.S. in Organizational Leadership programs should refer to the program specific application packet for a preformatted form and follow the instructions provided.

All other graduate applicants: Why have you decided to enter the Graduate Program at this time?

NEW GRADUATE STUDENT SURVEY

Wilmington University wants to help you achieve your educational goals. Your answers to this survey will assist us in understanding our students and their needs and will be kept confidential.

What is the highest level of education attained by your mother and/or father?

- High School Diploma/GED Some College
 Bachelor's Degree Master's Degree
 Doctorate Degree Not Applicable

How many hours per week do you plan to work while attending Wilmington University?

- None 1-10 11-20
 21-30 31-40 41 or more

Of all the colleges you considered for graduate study, would you describe Wilmington University as your:

- 1st choice 2nd choice 3rd choice 4th choice or lower

Thank you for taking the time to complete this survey.

How do you plan on funding your education at Wilmington University? (Check all that apply.)

Parents/family	
Employment	
Employer tuition remission	
Personal Savings	
Scholarships	
Spouse's Income	
Student Loans (Perkins, Federal Direct, etc.)	
Social Security Benefits	
Other Loans	
Veteran's Benefits	

Which of the following factors influenced your decision to apply to Wilmington University? (Check all that apply.)

Academic reputation of the University	
Cost	
Availability of my major	
Availability of financial aid	
Location	
Advice of parents or relatives	
Size	
Advice of high school counselors or teachers	
Open admissions	
Contact with University representatives	
Advice of someone who attends (or attended) the University	

ADMISSION CHECKLIST

1. Complete the Wilmington University Application for Graduate Admission, including statement of goals, and submit it with the required, non-refundable \$35.00 application fee.
2. Have official transcripts from all previously attended institutions of higher education sent directly from the previous institutions to the Graduate Admissions Office at Wilmington University's Wilson Graduate Center.
3. Applicants for the Doctor of Business Administration, Doctor of Education, M.S. in Community Counseling, M.S. in Administration of Justice, M.S. in Human Services, M.S. in Organizational Leadership, and M.S. in Nursing programs must submit recommendations before consideration for admission.
4. Interview or attend a Program Planning Conference with a Graduate Admissions Associate or Faculty Coordinator.
5. Complete a writing sample, as defined by the appropriate academic department.
6. Send application materials to:

WILMINGTON UNIVERSITY
Office of Graduate Admissions
31 Read's Way
New Castle, DE 19720
(302) 356-INFO (4636)

I understand that in the course of my association with Wilmington University, I will be given the opportunity to participate in many college activities, including practicum, internships, field trips and special events. I hereby agree to assume all risks of injury, loss or damage to my person or property, while engaged in the aforementioned activities or in going to or returning from same.

I understand that Wilmington University has the authority to withdraw my privilege of admission, enrollment, and/or graduation for academic, disciplinary, legal or other reasons deemed sufficient.

I understand that inappropriate, harmful, and/or illegal activity is not permitted on the premises of Wilmington University. I give Wilmington University permission to define such behavior. Such behavior will be addressed at the discretion of Wilmington University and, if deemed necessary, be reported to legal authorities, employers, and/or professional organizations. I understand that this type of behavior may result in immediate expulsion.

In accordance with the Family Educational Rights and Privacy Act, students have the following rights: 1) Right to inspect and review student's record; 2) Right to seek amendments to record; 3) Right to consent to disclosure; and 4) Right to file a complaint. These four rights are fully defined in the University catalog and/or on the University website.

Wilmington University is authorized to disclose student information without consent when information is designated as "Directory Information" in the following situations: to school officials with legitimate educational interest; to an alleged victim of a crime of violence; to officials of another institution where students seek to enroll; when Comptroller General of the United States, Secretary of Education, and/or state or local educational authorities requests student information; in connection with financial aid for which student has applied; to accrediting agencies; to comply with judicial order or subpoena; and in connection with a health or safety emergency. For a complete list of the items that are considered "Directory Information" please consult the University catalog or the University website.

We, the signatories to this application, understand the financial obligations associated with the admission to and enrollment in Wilmington University and assume responsibility for full payment of all fees. We understand the University's withdrawal and refunds policy.

I have enclosed the required non-refundable admission fee of \$35.00.

I agree and authorize Wilmington University to publish, for public relations purposes, any photograph(s) in which I appear.

I agree that all of the information provided above has been answered fully and correctly. Omission or falsification of information may be grounds for dismissal.

Date

Applicant's Signature

Parent/Guardian Signature (if applicant is a minor)

For additional information you may use the University's Toll-Free number, 1-877-967-5464
or visit the website at www.wilmu.edu

STATEMENT: Please Complete on the applicant's aptitudes

I. What do you consider to be the applicant's strengths?

II. Comment on any areas that need further development.

SIGNATURE

DATE

NAME AND POSITION (Please Print or Type)

INSTITUTION

PART A: To be completed by applicant (Please print or type)

NAME: _____		
LAST	FIRST	MIDDLE INITIAL
SSN: _____ (optional)		
GRADUATE PROGRAM: _____		DEGREE: _____
INSTRUCTIONAL SITE:	<input type="checkbox"/> Wilson Graduate Center <input type="checkbox"/> Dover <input type="checkbox"/> New Castle	<input type="checkbox"/> Dover Air Force Base <input type="checkbox"/> Georgetown
I understand my right under the U.S. Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to admissions to a graduate or other school.		
I do <input type="checkbox"/> do not <input type="checkbox"/> waive my right to review this recommendation.		
_____ SIGNATURE OF APPLICANT		_____ DATE

PART B: To be completed by the evaluator

	Below Average Lowest 40%	Average Middle 20%	Above Average Next 25%	Outstanding Next 10%	Truly Exceptional Top 5%	Not Observed
Written Communication						
Oral Communication						
Analytical Skills						
Ability to Work with Others						
Leadership Potential						
Technical Expertise						
Maturity and Emotional Stability						

Based on your assessment, indicate the strength of your overall endorsement by placing an "x" along the scale.

Not Recommended	Recommended with Some Reservation	Recommended	Highly Recommended

STATEMENT: Please Complete on the applicant's aptitudes

I. What do you consider to be the applicant's strengths?

II. Comment on any areas that need further development.

SIGNATURE

DATE

NAME AND POSITION (Please Print or Type)

INSTITUTION