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,

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):____________________________________________
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)

Address:  
Number and Street  
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
- [ ] Master of Business Administration
- [ ] Certificate of Advanced Study
- [ ] Division of Education
- [ ] Master of Arts in Teaching
- [ ] Master of Education
- [ ] Other name which may appear on transcripts:

- [ ] Division of Information Technology and Advanced Communications
- [ ] Division of Nursing
- [ ] Post-Master Certificate

- [ ] Dual Degree MSN

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 (continued)

Initial Status:acey 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)
- F-2 (Spouse or Child of F-1)
- J-1 (Exchange Student)
- H-1 (Temporary Worker)
- H-4 (Spouse or Child of H-1)
- A-1 (Ambassador Diplomat or Immediate Family)
- A-2 (Foreign Government Official or Immediate Family)
- R-1 (Religious Worker)
- R-2 (Spouse or Child of R-1)
- Other________________________ (specify type)

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.

<table>
<thead>
<tr>
<th>Institution</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Credits Earned</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________
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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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.)

<table>
<thead>
<tr>
<th>Parents/family</th>
<th>Employment</th>
<th>Employer tuition remission</th>
<th>Personal Savings</th>
<th>Scholarships</th>
<th>Spouse’s Income</th>
<th>Student Loans (Perkins, Federal Direct, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Academic reputation of the University</th>
<th>Cost</th>
<th>Availability of my major</th>
<th>Availability of financial aid</th>
<th>Location</th>
<th>Advice of parents or relatives</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advice of high school counselors or teachers</th>
<th>Open admissions</th>
<th>Contact with University representatives</th>
<th>Advice of someone who attends (or attended) the University</th>
</tr>
</thead>
</table>
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 request 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 refund 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:**

___ Wilson Graduate Center
___ Dover
___ New Castle
___ Dover Air Force Base
___ 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 [ ] do not [ ] waive my right to review this recommendation.

__________________________        ____________________________
SIGNATURE OF APPLICANT                      DATE

### Part B: To be completed by the evaluator

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Truly Exceptional</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lowest 40%</td>
<td>Middle 20%</td>
<td>Next 25%</td>
<td>Next 10%</td>
<td>Top 5%</td>
<td>Observed</td>
</tr>
</tbody>
</table>

**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

(Please Complete Page 2)
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