HOWARD UNIVERSITY

COLLEGE OF NURSING and ALLIED HEALTH SCIENCES

DIVISION OF NURSING

GRADUATE PROGRAM APPLICATION

OFFICE OF GRADUATE PROGRAM
516 Bryant Street, NW
Annex 1, Room 243
Washington, DC 20059
Tele: (202) 806-7460 Fax: (202) 806-5085
www.cpnahs.howard.edu/Nursing

Application Instructions

Please complete and submit the following in one packet:

- Division of Nursing Application form with non-refundable fee of \$45.00. Only Certified check/money order will be accepted. Make payable to: Howard University.
- Resume/curriculum vitae (A minimum of one-year relevant clinical work experience as a registered nurse, within the last five years).
- Professional goal statement (include name and social security number on top of statement)
- Official Graduate Record Examination (GRE) score report.
- Official transcript from all previous academic institutions attended. Transcripts from non-U.S. universities must be evaluated by a credentialing agency such as World Education Services (www.wes.org) or Educational Credential Evaluation (www.ece.org). Non-English transcripts must be accompanied by an official English translation (Exception: Non-English transcripts can be sent from the credentialing agency directly to the Division of Nursing, Office of Graduate Programs).
- Three (3) letters of recommendation with the Howard University Division of Nursing *Letter of Recommendation* form attached. Recommendations are to be completed by at least one member of academia and one supervisor who can attest to the applicant's personal character.
- All official transcripts and letters of recommendation (in their originally sealed envelopes) must be
 obtained by the applicant and submitted to the Howard University Division of Nursing, Office of
 Graduate Program in one packet.

NOTE: All students will be required to complete a background check before enrolling in classes. Detailed information will be sent with your acceptance packet.

Application Deadlines: (Priority acceptance will be given to early applicants.)

- MSN/Post-Master's Certificate Family Nurse Practitioner: July 1st (rolling admissions).
- MSN Nurse Educator: July 1st (rolling admissions).
- Post-Master's Certificate Nurse Educator: January 2nd (rolling admissions)

Please mail application and all supporting materials to:
Howard University College of Nursing and Allied Health Sciences
Division of Nursing
Office of Graduate Program
Annex 1, Room 243
516 Bryant Street, NW
Washington, DC 20059
http://www.cpnahs.howard.edu/Nursing

HOWARD UNIVERSITY College of Nursing and Allied Health Sciences Division of Nursing

Graduate Program Application

Please type or print application	Application for (semester and year	·) Fall Spring
Social Security Number	Date of B	irth (M/D/Yr)//
Mr Ms		
Legal Name:		
Last Name	First	M.I.
Mailing Address:		
Number and Street	City Stat	e Postal/Zip Code
Contact Information:		
Email Address	Telephone	
Citizenship:United States of AmericaU.S. Permanent ResidentCanada		
	Permanent	U.S. Resident? (Y/N)
Country of Citizenship		Country of Birth
Ethnicity:		
 Specialty Area: Check ONE only MSN-Family Nurse Practitioner MSN-Nurse Educator Post-Master's Certificate (Famil Post-Master's Certificate (Nurse 	y Nurse Practitioner)	y : Full Time Part Time

INSTITUTION	CITY	STATE	COUNTRY	DEGREE	MAJO	OR DATES ATTENDED
List all other non-degre	ee granting c	olleges and	universities att	ended or are	currently	y attending.
INSTITUTION		CITY	STATE	COUN		CURRENTLY ENROLLED? Yes/No
Please list active pro State		_				
State			_ License	e Number		
Certification Specialty			Creder	tialing Agen	су	
Background Informa 1. Have you ever received.						
Has disciplinary ac institution? No	` .		nissed) been ta	ken against	you at ar	ny educational
3. Has academic acti	on been take	n against yo	ou at any educa	ational institu	ıtion atter	nded? No _ Yes
4. Are there any pend	ding disciplina	ary charges	against you? I	No Y	'es	_
5. Have you ever bee	en convicted	of any crime	(other than tra	ffic violation	s)? No _	Yes
6. Are there any pend	ding legal cha	arges agains	st you? No	Yes	_	
7. Have you ever app	olied to Howa	rd University	y before? If ye	es, Semester	and Yea	ar
Certification As indicated by my signarialse information may m is made known regardle and information included its policies, rules and reg	ake me ineligil ss of classifica d are correct a	ble for admis ation. With thi	sion to the Unive is understanding	ersity or subje , I certify that	ct to dism all of the	issal when the same above statements

ADMISSION FOR INTERNATIONAL STUDENTS

Applicants applying to graduate programs must have the equivalent of the four-year baccalaureate degree in nursing from an accredited institution. Official certificates, university transcripts, and/or mark sheets must be sent directly from institutions abroad to the address in accordance with the program of interest. If the documents are not in English, they must be accompanied by official translation. Course syllabi or catalogs may also be required. All documents must bear the same name that appears on the admissions application unless an official document is submitted indicating a change of name.

TOEFL (Test of English as a Foreign Language)—All applicants from countries where English is not the official language must score satisfactorily on the TOEFL. Applicants with an undergraduate and/or master's degree from an American university are exempted from the TOEFL requirement. A minimum score of 550 is required. The CEEB number for Howard University is 5297. The TOEFL must be sent directly from Educational Testing Services.

Certification of Eligibility (I-20) – International applicants requesting an I-20 Form must submit adequate documents for financial resources for the duration of the program. The I-20 will be issued after the student is admitted to the University, has paid the necessary \$450 Enrollment and Orientation Fees, and has submitted the Statement of Financial Resources Form with the correct amount of funds, signed by the sponsor(s).

PROFESSIONAL GOAL STATEMENT

Please answer the following question in a comprehensive essay, limiting your entire essay to two pages (single-spaced) using **ARIAL 12-point font size**. This essay will be evaluated on the basis of composition and clarity of thought. Please answer the question thoroughly; do not skip any portion of the question. **Please place your name and social security number on the top of the statement.**

Please follow the guideline for the program of study for which you are applying.

MASTER OF SCIENCE IN NURSING

Discuss the development of your interest in advanced practice nursing as it applies to the following:

- Why have you chosen to pursue a career as an advance practice nurse in the selected specialty area (i.e. Family Nurse Practitioner or Nurse Educator)?
- What are your personal strengths for successful completion of the program?
- Describe observations or work experiences you have had with professionals in this area and how those experiences have influenced your decision to apply to graduate school.
- How does your background relate to this decision?
- Describe responsibilities that you expect to continue or assume, such as full or part-time work, etc., in addition to your role as a student.

POST-MASTER'S CERTIFICATE

Discuss the development of your interest in advanced practice nursing as it applies to the following:

- Why have you chosen to pursue a career as an advance practice nurse in the selected specialty area (i.e. Family Nurse Practitioner or Nurse Educator)?
- How does your background and experience relate to this?
- What types of knowledge and skills are you interested in developing through this option and in which ways will use these skills in pursuing your career interests?
- What are your personal strengths for successful completion of the program?
- Describe responsibilities that you expect to continue or assume, such as full or part-time work, etc., in addition to your role as a student.

Howard University College of Nursing and Allied Health Sciences

Division of Nursing

Letter of Recommendation Form

Telephone: 202.806.7460

Office of Graduate Program, 516 Bryant Street, Annex 1, Room 243, Washington, DC 20059

Applicant Name:	Email:	
educational records. You may waive your ri	t of 1974 (Buckley Amendment) allows you to access your to access to this specific form and the accompanying letter to waive your right of access will have no bearing on the	
I waive my right to access this form and	tter I do not waive my right to access this form and	lette
Applicant's Signature:	Date	
Recommender Information – To be completed by t	Applicant:	
NAME:		
TITLE:		
EMPLOYER:		
EMAIL:		
PHONE:		
RELATIONSHIP TO APPLICANT: (e.g.: Professor, Advisor, Supervisor, Volunteer Coo	From: To: inator, etc.,)	
Type: Academic Letter Professional Let		

successfully complete the graduate program. Please do the following:

- Write a one- to two-page recommendation letter, print on letterhead, and sign it.
- Complete the Peer Comparison Table (next page).
- Enclose this form with table and your letter in a sealed envelope and sign your name over the flap.
- Return the sealed envelope to the applicant.

(over)

LETTER OF RECOMMENDATION GUIDELINES: To be completed by the Recommender:

The named person is applying for admission to the Howard University Graduate Program in Nursing. The curriculum offers the student an opportunity to augment and develop the theoretical aspects of practice, to increase nursing expertise in one specialty area, and to gain basic skills for research in nursing. Please write an assessment of the applicant that reflects his/her professional achievements and potential. Pease include these attributes when possible.

Unique qualities Interpersonal skills
Behaviors characteristics Potential for achievement
Strengths and weaknesses Interactions with patients (if applicable)

Ability to make clinical judgment (if applicable)

Matu

PEER COMPARISON TABLE: To be completed by the Recommender:

Please rate how the applicant compares to his/ her peers in each area.

(5) = Exceptional	(3) = Average	(1) = Poor
(4) = Above Average	(2) = Below Average	(0) = No basis for

	5	4	3	2	1	0
Intellectual Capacity						
Analytical Skills						
Research Ability						
Creativity						
Initiative						
Teamwork						
Maturity						
Demonstrated Leadership						
Managerial Potential						
Ethics and Integrity						
Written Expression (English)						
Oral Expression (English)						

Signature:	Date:
J	

The mission of Howard University includes the provision of quality education for any student, but with emphasis upon the provision of educational opportunities for those students who may not otherwise have an opportunity to acquire an education of the type provided at Howard. In fulfilling its mission, the University does not discriminate on the basis of race, color, national or ethnic origin, sex, marital status, religion, disability, age, sexual preference, political affiliation in the administration of its education policies, admissions policies, scholarships, and loan programs, and employment.

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I waive my right to access this form and letter	I do not waive my right to access this form and letter.
Applicant's Signature:	Date
Recommender Information – To be completed by the Applicant:	
NAME:	
TITLE:	
EMPLOYER:	
EMAIL:	
PHONE:	
RELATIONSHIP TO APPLICANT: (e.g.: Professor, Advisor, Supervisor, Volunteer Coordinator, etc.,)	From: To: mm/ yyyy
Type: Academic Letter Professional Letter	
For the Recommender: Thank you for agreeing to write a letter of recommendation time and effort that you are taking to provide us with your successfully complete the graduate program. Please do • Write a one- to two-page recommendation letter, • Complete the Peer Comparison Table (next page) • Enclose this form with table and your letter in a second to the sealed envelope to the applicant.	r honest assessment of this person's abilities to the following: print on letterhead, and sign it.

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Managerial Potential						
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Written Expression (English)						
Oral Expression (English)						

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preference, political affiliation in the administration of its education policies, admissions policies, scholarships, and loan programs, and employment.

Date:

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I waive my right to access this form and letter	I do not waive my right to access this form and letter.
Applicant's Signature:	Date
Recommender Information – To be completed by the Applicant:	
NAME:	
TITLE:	
EMPLOYER:	
EMAIL:	
PHONE:	
RELATIONSHIP TO APPLICANT: (e.g.: Professor, Advisor, Supervisor, Volunteer Coordinator, etc.,)	From: To: mm/yyyy
Type: Academic Letter Professional Letter	
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Maturity						
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Signature: _____ Date: _____

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BACKGROUND INFORMATION EXPLANATION SHEET					
13					