



San José State
UNIVERSITY

School of Nursing

One Washington Square
San José, CA 95192-0057
Voice: 408-924-3131
Fax: 408-924-3135
Web: www.son.sjsu.edu

Director:
Dr. Jayne Cohen

Academic Year 2009-2010

Dear Applicant to the Master's Degree Program:

Thank you for your interest in the San José State University's master's program in nursing. We look forward to your participation in our stimulating and challenging program.

The SJSU School of Nursing emphasizes community-based health care in today's managed care environment with functional options of administrator and educator. The graduate seminars are taught by doctoral level faculty members with a broad range of expertise. Most of the graduate seminars meet in the late afternoon and evening, for the convenience of working nurses. The current master's students, your new colleagues, possess a rich background of personal and professional experiences. These students represent our greatest asset.

This packet contains materials necessary to complete your application to the program. Please read the details on admission requirements carefully. Note that the application process includes two steps: (a) Application for Admission to the MS in Nursing Program including resume, goal statement, two sealed references, official transcripts, a health statement, and immunization information returned to the School of Nursing, and (b) Application for Graduate Admission at SJSU online and all transcripts sent to Graduate Studies and the School of Nursing. Early applications are strongly advised. To check on your admission status, call Graduate Studies at (408) 924-2480 or go online at www.csumentor.edu.

Both applications, School of Nursing and University, must be completed by May 30, 2009 for fall entry and October 15, 2009 for Spring 2010 entry. For international students please visit the Graduate Studies website for application deadlines <http://www2.sjsu.edu/gradstudies>. However, given budget constraints please check with Graduate Studies on all deadlines which may be subject to change.

When your University file is complete, the School of Nursing will process your application and you will be notified of your admission status. Students with an RN license and non-nursing baccalaureate degree should go to the FAQ at <http://www.sjsu.edu/nursing/ms.htm> and read the conditions which need to be met for admission. In addition, plan to attend a scheduled advising session listed at the site or watch an advising session on your home computer by clicking on the latest Advising session listed at the site. Individuals with foreign baccalaureate degrees must contact Graduate Studies for additional information 408-924-2480 or go to <http://www.sjsu.edu/gradstudies>. Please feel free to call me with questions during the academic year at (408) 924-3144 or email me at connollydr@son.sjsu.edu. I look forward to meeting you in person. Congratulations on your choice of SJSU!

Sincerely,

Dr. Phyllis M. Connolly
Graduate Coordinator and Professor
408-924-3144
connollydr@son.sjsu.edu

The California State University:
Chancellor's Office
Bakersfield, Channel Islands, Chico,
Dominguez Hills, Fresno, Fullerton,
Hayward, Humboldt, Long Beach,
Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino,
San Diego, San Francisco, San José,
San Luis Obispo, San Marcos,
Sonoma, Stanislaus

San José State University

Master of Science in Nursing Program Application for Admission

Your completed application, resume, goal statement, transcripts and two references should be mailed to: *School of Nursing, Graduate Coordinator, SJSU, One Washington Square, San Jose, CA 95192-0057*. Please note that a separate application for admission to Graduate Studies at SJSU must be submitted. Applicants must apply online at www.csumentor.edu. Contact the University Office of Graduate Studies, Student Service Center, 10th Street Garage, (408) 924-2480 if you have questions about the admissions process to Graduate Studies.

Applying for: _____
Semester, Year

Date _____

Last Name	First	Middle
- -		
SSN		
Permanent Address: Number and Street		
()		
Home Phone Number		
()		
Work Phone Number		
E-Mail		

Educational Information:

Indicate the focus of study for which you are applying: (Select a first & second choice)

- Nursing Education
- Nursing Administrator
- Undecided
- Post MS Education

Please list all colleges, universities and nursing schools attended beginning with the most recent, attach an additional page if necessary. ***Please provide official transcripts from ALL institutions attended (even if you did not get your degree).***

School	City/State	Dates Attended	Major	Degree/Date	GPA

Please indicate the course in which you achieved the following competencies:

Content Area	Course & Number	Date	College/School
Introductory Statistics			
Introductory Research			
Physical Assessment			
Community Health Nursing			
Principles of Economics			

CA RN License Number _____ Date of expiration _____
(attach a copy)

Public Health Certificate # _____
(attach a copy)

Other professional certificates? If yes, please specify _____
(attach a copy)

Work Experience

Please attach a typed resume or vita beginning with the most recent experience that includes the following information: all work experience, with position title and description of responsibility, membership in professional organizations and offices held, professional and academic honors, research completed or in progress, list of publications, and relevant public service activities. Please account for time gaps in your resume.

Statement of Professional Goals

Please include with your application a statement of your professional goals and how you anticipate that this program will assist you in attaining them. Describe how the program of study you are interested in relates to your career goals. How does your professional and personal background contribute to this goal? Please include a description of the type of health care setting in which you plan to work and the patient population you plan to serve. This statement will also serve as a sample of your writing and should be limited to three doubled-spaced typed pages.

References

Please include two references from two individuals, one who can describe your academic characteristics and one who can describe your professional characteristics. Fill out the top of the reference form and mail it with the reference request letter and a return envelope you provide to each reference person. Each person writing a reference for you must complete the bottom portion of the form and write a letter of reference on letterhead stationery. After completing the form and reference letter, each person writing the reference should seal this item in the envelope you have provided and sign his/her name over the sealed flap of the envelope. The reference materials in the sealed, signed envelope are then returned to you to enclose with your application packet. (If you downloaded this application, please be sure to print two copies of the reference letter form.)

Additional English Proficiency Requirements

All MS in Nursing students at SJSU *are required to take the Writing Skills Test (WST) administered by the University Testing Center, (408) 924-5980. A copy of the results must be included with your applications. A passing (WST) score on the WST is required to enroll in Health Professions 100W (Technical Writing). HP100W must be completed or you must earn a WST score high enough to waive HP100W prior to enrolling in Master's nursing courses.

*Graduates of CSU campuses after 1983 - 1984 have met this requirement.

In addition, all students from outside the United States who do not have English as a first language and those students with foreign educational

backgrounds must complete the TOEFL (Test of English as a Foreign Language) with a score of at least 550 paper based; 80 internet based; 213 computer based and provide the Nursing School with documentation of the results of the test.

TOEFL Score _____

Date: _____

Checklist for Application

Include each of the following:

- _____ Statement of Goals Date
- _____ Resume
- _____ Copy of RN license, PHN certificate, if applicable
- _____ Official transcripts from ALL institutions attended
(even if you did not get your degree)
- _____ Two references in sealed, signed envelopes with the
completed rating form
- _____ Submit a separate application online to Graduate
Studies at SJSU
- _____ Make a copy for your files
- _____ Health Statement
- _____ Health & Immunization Status form
- _____ Copy Writing Skills Test (WST) results if not a CSU
graduate*



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Director:

Dr. Jayne Cohen

Dear Colleague,

You have been listed as a reference by one of our applicants to the Master's Degree Program in the School of Nursing at San José State University. Your recommendation for this applicant will be very helpful in the decision making process during application review.

Attached you will find a reference form. The applicant should have completed the top portion of the reference form. In order to complete your portion of the reference packet, please complete the lower portion of the reference form. Please write a letter of recommendation on your letterhead. Once these items are complete, put them in an envelope, seal it and place your signature on the sealed flap. The envelope should then be returned to the applicant who will submit it with his/her application packet.

Please address the reference to Dr. Phyllis M. Connolly, Graduate Coordinator.

We appreciate your assistance.

Sincerely yours,

Dr. Phyllis Connolly
Graduate Coordinato

The California State University:
Chancellor's Office
Bakersfield, Channel Islands, Chico,
Dominguez Hills, Fresno, Fullerton,
Hayward, Humboldt, Long Beach,
Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino,
San Diego, San Francisco, San José,
San Luis Obispo, San Marcos,
Sonoma, Stanislaus

REFERENCE FORM FOR MS NURSING PROGRAM AT SAN JOSÉ STATE UNIVERSITY

Applicant: _____
Last Name First Name Middle Name Previous Last Name

To the Applicant: Applicants are advised that upon their admission to the School of Nursing, the Family Educational Rights and Privacy Act of 1974 accords them the right to review these recommendations unless that right is waived. While applicants are not required to make such a waiver, they are further advised that some individuals may not be willing to supply an appraisal in its absence.

I have requested that this appraisal form be completed by _____ for use in the admissions process of SJSU School of Nursing. In accordance with the Family Educational Rights and Privacy Act of 1974 I hereby:

- _____ waive access to this report which should be considered confidential.
- _____ do not waive access to this report

Date Applicant's Signature

To the Recommender: The applicant above has applied to the Master's Program in the School of Nursing at San José State and has listed you as a reference. Please evaluate this applicant on the following characteristics. For each characteristic, please circle a number from one (low) to seven (high). This form is a necessary part of the application. In addition to this form please submit, on letterhead, a brief statement regarding the applicant. Please mention your relationship to the applicant, and how long you have known the applicant.

Independence and self direction: sets own goals, organizes and prioritizes work, and initiates/sustains activity to achieve goal

(Low) 1 2 3 4 5 6 7 (High)

Responsibility and accountability: responsible, dependable and accountable for own actions

(Low) 1 2 3 4 5 6 7 (High)

Oral Communication: demonstrates professional interpersonal communication skills

(Low) 1 2 3 4 5 6 7 (High)

Written Communication: organizes well and writes clearly

(Low) 1 2 3 4 5 6 7 (High)

Critical Thinking: analyzes complex concepts, issues, and problems by identifying critical components and their relationships

(Low) 1 2 3 4 5 6 7 (High)

Creativity: develops new approaches, novel ideas, and imaginative solutions

(Low) 1 2 3 4 5 6 7 (High)

Interpersonal Relationships: works collaboratively and cooperatively with others

(Low) 1 2 3 4 5 6 7 (High)

Leadership: has vision for future; inspires confidence and is respected by others; takes initiative in group work

(Low) 1 2 3 4 5 6 7 (High)

Overall Rating of Applicant: overall rating as compared to other master's applicants in nursing

(Low) 1 2 3 4 5 6 7 (High)

Signature: _____ Date: _____

Title: _____ Organization: _____



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Please address the reference to Dr. Phyllis M. Connolly, Graduate Coordinator.

We appreciate your assistance.

Sincerely yours,

Dr. Phyllis Connolly
Graduate Coordinator.

The California State University:
Chancellor's Office
Bakersfield, Channel Islands, Chico,
Dominguez Hills, Fresno, Fullerton,
Hayward, Humboldt, Long Beach,
Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino,
San Diego, San Francisco, San José,
San Luis Obispo, San Marcos,
Sonoma, Stanislaus

REFERENCE FORM FOR MS NURSING PROGRAM AT SAN JOSÉ STATE UNIVERSITY

Applicant: _____
Last Name First Name Middle Name Previous Last Name

To the Applicant: Applicants are advised that upon their admission to the School of Nursing, the Family Educational Rights and Privacy Act of 1974 accords them the right to review these recommendations unless that right is waived. While applicants are not required to make such a waiver, they are further advised that some individuals may not be willing to supply an appraisal in its absence.

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_____ waive access to this report which should be considered confidential.
_____ do not waive access to this report

_____ Date _____ Applicant's Signature

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(Low) 1 2 3 4 5 6 7 (High)

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Interpersonal Relationships: works collaboratively and cooperatively with others
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Leadership: has vision for future; inspires confidence and is respected by others; takes initiative in group work
(Low) 1 2 3 4 5 6 7 (High)

Overall Rating of Applicant: overall rating as compared to other master's applicants in nursing
(Low) 1 2 3 4 5 6 7 (High)

Signature: _____ Date: _____

Title: _____ Organization: _____

SAN JOSÉ STATE UNIVERSITY
 School of Nursing
Health and Immunization Information - Master's Students

Name: _____
 (print clearly—last, first, middle)

First Semester in SJSU Nursing Courses: _____

Student ID #: _____

Birth Date: _____

Soc. Sec. #: _____

****Attach copies of documents validating information entered.****

Circle either below:	Date	Results	Date	Results	Date	Results
Measles/ MMR-titer or vaccine						
Varicella active disease or titer (chicken pox)						
Diphtheria & Tetanus within the last 10 years						
Polio: 1, 2, 3, 4						
Rubella Titer/Vaccine						
Hepatitis B Vaccine						

	Expiration Date	CPR	Expiration Date	Health Insurance Policy No.	Expiration Date	PPD Date (date received) OR Chest x-ray Results date
Entry						
First Practicum						
Second Practicum						
Third Practicum (When Applicable)						

I agree to notify the Director of the School of Nursing at SJSU in writing of any changes in my physical or mental condition that may have an effect on my performance or continuation in the Nursing program. If I leave the program for a physical or mental problem, I am required to get a licensed health professional's evaluation of my fitness to return to Nursing School prior to starting nursing classes.

Once you have read the above statement, please sign below.

Signature: _____

Date: _____