Application for
Graduate Admission

Department of Nursing

Master of Science

Post-Master's Certificates
A graduate nursing program candidate may take as many as two courses (six credits) as a nonmatriculated student. A third course will not be permitted until admission is awarded. Therefore, a graduate nursing candidate should fulfill all application requirements before registering for a fourth course. Family Nurse Practitioner (FNP) candidates must be matriculated before taking any courses toward the FNP program.

**APPLICATION DEADLINES**

The Department of Nursing follows a rolling admission policy for graduate applications within the following deadlines:

- **August 1** – Fall matriculation
- **December 15** – Spring matriculation
- **May 1** – Summer matriculation

(FNP program begins only in the fall. Applications will be accepted as space is available until August 21.)

**INTERVIEW SCHEDULE**

Upon receipt of a completed application, qualified candidates will be contacted to schedule an interview.

**ADMISSION NOTIFICATION**

Admission notification will be made by official letter once the application process, which includes a background check completed by the department, is done.

**APPLICATION CHECKLIST**

The following application materials must be submitted in one packet to the Office of Graduate Admission:

- **Completed Application**
- **An earned bachelor's degree**
- **Nonrefundable Application Fee** — Please make check or money order payable to Le Moyne College. (The application fee is waived for Le Moyne alumni.)
  - $50 for the Master of Science
  - $35 for the Post-Master's Certificate
- **Official Transcripts** — Please have an official transcript from all undergraduate and graduate colleges and/or universities attended sent directly to you to include in the application packet or you may have them sent directly to the Office of Graduate Admission at Le Moyne College. (For this application, Le Moyne will provide an official Le Moyne transcript for alumni.)
- **Letters of Recommendation** — Please request recommendations from nursing professionals who can attest to your ability to be successful in a graduate program. Please ask them to complete the enclosed form, sign over the sealed back of the envelope and send directly to you or to the Office of Graduate Admission. Letters of recommendation must be from individuals outside of the faculty and staff of the Department of Nursing at Le Moyne College. Applicants to the graduate programs, except for the FNP program, are required to submit two letters. Applicants to the FNP program need three letters of recommendation with one each from professional colleagues as follows: a) RN peer, b) supervisor or faculty member, and c) nurse practitioner or physician.
- **Professional Résumé** — One- to two-page list of relevant education and work experience.
- **RN License** — Provide a copy of current New York state RN licensure or evidence of eligibility for licensure in New York state.

In addition to the completed application packet, applicants will also be scheduled for:

- A personal interview
- An on-site writing sample

**COMPLETED APPLICATION PACKET**

Please send completed application packet to:

Office of Graduate Admission  Phone: (315) 445-5444
Le Moyne College  Fax: (315) 445-6092
Grewen Hall 204  Email: GradNursing@lemoyne.edu
1419 Salt Springs Road
Syracuse, NY 13214-1301

**Note:** New York state law requires all students to submit immunization records before registering for courses. Please find instructions and the Immunization Record and the Meningococcal Meningitis Vaccination Response forms at www.lemoyne.edu/health_center. If you have questions, please contact Health Services at (315) 445-4440.
PERSONAL DATA

Date ____________________________

Legal Name (Last, First, Middle) ___________________________________________ Other Name, If Applicable__________________________

Permanent Address ____________________________________________________________

City __________________________ State _______ ZIP __________ Country____________________________

Phone  ☐ Cell ☐ Home (_____ ) __________________________ Email _________________________________

Date of Birth Month _______ Day _______ Year _______ ☐ Female ☐ Male

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White
☐ Black or African American

Citizenship

☐ U.S. citizen
☐ Dual U.S. citizen; please specify other country of citizenship __________________________
☐ U.S. permanent resident, PRA# __________________________
☐ Other citizenship __________________________

Do you need an I-20 issued by Le Moyne College? ☐ Yes ☐ No

How did you hear about the graduate nursing programs at Le Moyne College? (Please check all that apply.)

☐ Attendance at a specialized graduate forum/fair (city) ☐ Alumnus/a (name) __________________________
☐ Social Media ☐ Faculty member at your undergraduate school
☐ Placement/career counseling office at your undergraduate school ☐ Program brochure
☐ Employer __________________________ ☐ Open house/campus visit
☐ Friend/co-worker ☐ College Guide listing
☐ Relative ☐ Television ad
☐ Radio ad ☐ Le Moyne College website
☐ Printed ad (what publication) __________________________ ☐ Other __________________________
☐ Admission representative __________________________

PROGRAM OF STUDY

Please check the program to which you are applying.

Master of Science

☐ Nurse Educator ☐ Nurse Administrator
☐ Informatics ☐ Family Nurse Practitioner
☐ Undecided

Post-Master’s Certificate

☐ Nurse Educator ☐ Nurse Administrator
☐ Informatics ☐ Family Nurse Practitioner
☐ Undecided
**ACADEMIC PLAN**

I am applying for the following semester  ☐ Fall  ☐ Spring  ☐ Summer  Year __________
(Admission to the FNP program is fall only.)

I plan to study  ☐ Full time (nine or more credits)  ☐ Part time

**ACADEMIC HISTORY**

List below the college(s) you have attended. All college-level work must be included. You must request that each of these institutions send official transcripts to you for inclusion in your application packet. If a school’s policy prohibits sending transcripts directly to graduates, please ask the school to send them directly to the Office of Graduate Admission at Le Moyne College.

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Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from ninth grade (or international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  ☐ No  ☐ Yes

Have you ever been convicted of a felony or misdemeanor?  ☐ No  ☐ Yes

If you answered yes to either or both questions, please attach a separate sheet that gives the approximate date of each incident and explanation of the circumstances.

**OTHER**

Are you eligible to receive Veteran’s benefits?  ☐ No  ☐ Yes

**CURRENT OR MOST RECENT EMPLOYMENT**

Present Employer ___________________________________________  Position ___________________________________________

Dates of Employment ___________________________________________  Are you employed  ☐ Full time  ☐ Part time

Employer Address ___________________________________________

Does your employer provide tuition benefits?  ☐ No  ☐ Yes
REFERENCES

Please list the names of two nursing professionals who can attest to your ability to be successful in a graduate program and who you will ask to complete the attached recommendation forms.

1. Name __________________________________________ Relationship ____________________________

2. Name __________________________________________ Relationship ____________________________

PERSONAL ESSAY

Explain your motivation for pursuing graduate study by addressing one of the following. Please feel free to submit your essay on a separate sheet of paper.

If you are applying for the Master of Science program, how will the functional role track for which you are applying assist you in achieving your professional and personal goals?

If you are applying for the Post-Master's Certificate program, how will the chosen track for which you are applying assist you in achieving your professional and personal goals?

I certify that the information I have provided on this application is correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission.

Signature of Applicant __________________________________________ Date _________________________

(Your signature is necessary in order to process the application.)
To the Applicant: This form should be given to professional colleagues who can speak to your academic abilities and/or your professional abilities as evidence of your qualifications for graduate study. Letters of recommendation must be from individuals outside of the faculty and staff of the Department of Nursing at Le Moyne College. Applicants to the graduate programs, except for the FNP program, are required to submit two letters. Applicants to the FNP program need three letters of recommendation with one each from professional colleagues as follows: a) RN peer, b) supervisor or faculty member, and c) nurse practitioner or physician.

TO BE COMPLETED BY APPLICANT

Name (Last, First, MI) __________________________ Date __________________________
Address __________________________ City __________________________ State ______ ZIP __________
Phone  □ Cell □ Home ( ______ ) __________________________ Email __________________________

Please check the program to which you are applying.

□ Master of Science
□ Post-Master’s Certificate
 □ Nurse Educator
 □ Nurse Educator
 □ Nurse Administrator
 □ Nurse Administrator
 □ Informatics
 □ Informatics
 □ Family Nurse Practitioner
 □ Family Nurse Practitioner
 □ Undecided
 □ Undecided

Please Provide Name of Reference __________________________

In accordance with the Family Educational Rights Privacy Act of 1974, please check one:
□ I do □ I do not waive my right to read this recommendation.
Signed __________________________ Date __________________________

TO BE COMPLETED BY RECOMMENDER

Name (Last, First, MI) __________________________ Date __________________________
Organization __________________________ Position __________________________
Address __________________________ City __________________________ State ______ ZIP __________
Phone ( ______ ) __________________________ Email Address __________________________

How long have you known the applicant?

How well do you know the applicant? □ Very Well □ Well □ Somewhat

In what capacity have you known the applicant?

Personal and Professional Appraisal:
Please check the category that best indicates your evaluation of the applicant in terms of the listed characteristics.

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Your recommendation based on applicant’s ability to pursue graduate study:

- [ ] Strongly recommend
- [ ] Recommend
- [ ] Recommend with reservations
- [ ] Do not recommend

In the space below or on an attachment, please explain your recommendation by providing a brief assessment of the applicant’s ability to successfully complete graduate study.

To the recommender: Please return this recommendation to the person requesting your assistance in a sealed envelope with your signature across the envelope seal.

Signed ________________________________ Date ________________________________
To the Applicant: This form should be given to professional colleagues who can speak to your academic abilities and/or your professional abilities as evidence of your qualifications for graduate study. Letters of recommendation must be from individuals outside of the faculty and staff of the Department of Nursing at Le Moyne College. Applicants to the graduate programs, except for the FNP program, are required to submit two letters. Applicants to the FNP program need three letters of recommendation with one each from professional colleagues as follows: a) RN peer, b) supervisor or faculty member, and c) nurse practitioner or physician.

To Be Completed By Applicant

Name (Last, First, MI) __________________________________________________________ Date ________________

Address __________________________________________ City __________________________ State _______ ZIP ________

Phone ❑ Cell ❑ Home ( ______ ) __________________________ Email ________________________________

Please check the program to which you are applying.

❑ Master of Science
❑ Post-Master’s Certificate

❑ Nurse Educator
❑ Nurse Educator

❑ Nurse Administrator
❑ Nurse Administrator

❑ Informatics
❑ Informatics

❑ Family Nurse Practitioner
❑ Family Nurse Practitioner

❑ Undecided
❑ Undecided

Please Provide Name of Reference ____________________________________________

In accordance with the Family Educational Rights Privacy Act of 1974, please check one: ❑ I do ❑ I do not waive my right to read this recommendation.

Signed _______________________________ Date ________________

To Be Completed By Recommender

Name (Last, First, MI) __________________________________________ Date ________________

Organization ______________________________ Position ______________________________

Address __________________________________________ City __________________________ State _______ ZIP ________

Phone ( ______ ) __________________________ Email Address __________________________

How long have you known the applicant?

How well do you know the applicant? ❑ Very Well ❑ Well ❑ Somewhat

In what capacity have you known the applicant? __________________________________________

Personal and Professional Appraisal:

Please check the category that best indicates your evaluation of the applicant in terms of the listed characteristics.

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  - □ Family Nurse Practitioner
  - □ Undecided

Please provide Name of Reference ________________________________

In accordance with the Family Educational Rights Privacy Act of 1974, please check one: □ I do □ I do not waive my right to read this recommendation.

Signed __________________________________________________________ Date ____________________________

TO BE COMPLETED BY RECOMMENDER

Name (Last, First, MI) ____________________________ Date _________________________

Organization __________________________________ Position __________________________

Address __________________________________________ City __________ State __________ ZIP __________

Phone ( _______ ) ___________________________ Email Address ________________________________

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To the recommender: Please return this recommendation to the person requesting your assistance in a sealed envelope with your signature across the envelope seal.

Signed ____________________________ Date ____________________________
**Department of Nursing Mission Statement**

The mission of the Department of Nursing, consistent with the mission of Le Moyne College, is to educate nurses at the undergraduate and graduate levels to provide the highest quality nursing services and professional leadership. The nursing curricula, integrating the liberal arts and sciences and the culture of the Catholic and Jesuit tradition at Le Moyne, aims to prepare nurses to serve as practitioners and leaders in health care for the new century. Graduates are prepared to be lifelong learners who are future oriented; responsive to the challenges of a dynamic health care environment; possess well-developed communication, critical thinking, and technical skills; and demonstrate professional, caring and competent behaviors that reflect the standards and values of nursing.

**Le Moyne College Mission Statement**

Le Moyne College is a diverse learning community that strives for academic excellence in the Catholic and Jesuit tradition through its comprehensive programs rooted in the liberal arts and sciences. Its emphasis is on education of the whole person and on the search for meaning and value as integral parts of the intellectual life. Le Moyne College seeks to prepare its members for leadership and service in their personal and professional lives to promote a more just society.

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**Office of Graduate Admission**

Le Moyne College  
Grewen Hall 204  
1419 Salt Springs Road  
Syracuse, NY 13214-1301  
PH: (315) 445-5444  
FAX: (315) 445-6092  
GradAdmission@lemoyne.edu

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**Graduate Programs in Nursing**

Le Moyne College  
Grewen Hall 206  
1419 Salt Springs Road  
Syracuse, NY 13214-1301  
PH: (315) 445-5435  
FAX: (315) 445-6024  
GradNursing@lemoyne.edu

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Le Moyne College is an affirmative action/equal opportunity employer and equal opportunity institution.

**NonDiscrimination Statement**

Le Moyne College is an Affirmative Action/Equal Opportunity Employer, and does not discriminate on the basis of race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin. For more information visit www.lemoyne.edu/student_life/compliance.htm.