



SHENANDOAH™
U N I V E R S I T Y

SCHOOL OF HEALTH PROFESSIONS
GRADUATE NURSING PROGRAM
ADMISSIONS GUIDELINES

Shenandoah University does not discriminate on the basis of sex, race, color, religion, national or ethnic origins, age, or physical disability.

1-800-432-2266

540-665-4581

Fax: 540-665-4627

admit@su.edu

www.su.edu

ADMISSION CRITERIA FOR GRADUATE PROGRAM

ADMISSION TO MASTER'S LEVEL TRACKS

Admission to the Master of Science in Nursing program in Nurse-Midwifery, Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, and Health Systems Management is competitive. Individuals seeking admission into the MSN program must meet the following requirements:

- ◆ Be a licensed Registered Nurse. Applicants not licensed in Virginia must apply and receive reciprocity. Students must also hold RN licensure in all states where they participate in student clinicals.
- ◆ BCLS from American Heart Association only. Must include infant, child, adult and AED.
- ◆ Up to date immunizations required by Shenandoah University and health record.
- ◆ Have a minimum undergraduate cumulative Grade Point Average (GPA) of 2.8 on a 4.0 scale.
- ◆ Earned a Baccalaureate degree in nursing from a NLNAC or a CCNE accredited program. If degree is not from a NLNAC or a CCNE accredited program the applicant will be evaluated on an individual basis.
- ◆ Have a minimum of 2,080 hours or one year (or equivalent) of relevant RN clinical experience prior to enrolling in the specialty track courses for all tracks except the Health Systems Management. These courses usually begin in the second year of study. Students may take the core courses while completing this requirement. Students requesting consideration of equivalency must do so in writing to the Division of Nursing Graduate Curriculum Committee and provide rationale for the request
- ◆ Successful completion of Baccalaureate level nursing courses in physical assessment, introductory statistics, and community nursing with a grade of 'C' or better. Students who cannot document a separate physical assessment or community nursing course will be required to pass a standardized comprehensive examination at their own expense.
- ◆ Be able to meet the Nursing Performance Standards identified by the Division of Nursing.
- ◆ Submit three recommendation forms (included in this booklet). At least one recommendation is to be from a nursing service supervisor and one from a nursing faculty member. If the applicant cannot submit a nursing faculty member recommendation, they may submit an additional nursing service supervisor recommendation. At least two letters of recommendation must come from persons holding an earned graduate degree.

Masters applicants will be offered full acceptance to the program when all outstanding prerequisite requirements are successfully completed. Students may enroll as a Non-degree Seeking Special Student for a maximum of 12 credit hours while completing outstanding prerequisite requirements. Special Students may not be eligible for financial aid. Graduate students may transfer a maximum of 12 semester hours into the Graduate Program, including those taken as a Special Student. All transfer courses must have a grade of C or higher.

ADMISSION TO DOCTORAL LEVEL TRACKS

Admission to the Doctorate of Nursing Practice in Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner is competitive. Individuals seeking admission into the DNP program must meet the following requirements:

- ◆ Be a licensed Registered Nurse. Applicants not licensed in Virginia must apply and receive reciprocity. Students must also hold RN licensure in all states where they participate in student clinicals.
- ◆ BCLS from American Heart Association only. Must include infant, child, adult and AED.
- ◆ Up to date immunizations required by Shenandoah University and health record.
- ◆ Have a minimum undergraduate cumulative Grade Point Average (GPA) of 3.0 on a 4.0 scale.
- ◆ Submit official Graduate Record Examination (GRE) scores. The GRE must have been taken within the last five years.
- ◆ Earned a Baccalaureate degree in nursing from a NLNAC or a CCNE accredited program. If degree is not from a NLNAC or a CCNE accredited program the applicant will be evaluated on an individual basis.
- ◆ Have a minimum of 2,080 hours or one year (or equivalent) of relevant RN clinical experience prior to enrolling in the specialty track courses. These courses usually begin in the second year of study. Students may take the core courses while completing this requirement. Students requesting consideration of equivalency must do so in writing to the Division of Nursing Graduate Curriculum Committee and provide rationale for the request.
- ◆ Successful completion of Baccalaureate level nursing courses in physical assessment, introductory statistics, and community nursing with a grade of 'C' or better. Students who cannot document a separate physical assessment or community nursing course will be required to pass a standardized comprehensive examination at their own expense.
- ◆ Be able to meet the Nursing Performance Standards identified by the Division of Nursing.
- ◆ Submit three recommendation forms (included in this booklet). At least one recommendation is to be from a nursing service supervisor and one from a nursing faculty member. If the applicant cannot submit a nursing faculty member recommendation, they may submit an additional nursing service supervisor recommendation. At least two letters of recommendation must come from persons holding an earned graduate degree.

Doctoral applicants will be offered full acceptance to the program when all outstanding prerequisite requirements are successfully completed. Students may enroll as a Non-degree Seeking Special Student for a maximum of 12 credit hours while completing outstanding prerequisite requirements. Special Students are not eligible for financial aid. Graduate students may transfer up to 12 semester hours into the DNP Program, including those taken as a Special Student. All transfer credits must have a grade of B or higher.

APPLICATION PROCESS AND CHECKLIST

Applicants to the Graduate Nursing Program must submit a complete application packet to the Office of Admissions. The application deadline for the fall semester is July 15; the deadline for the spring semester is November 15. *The early decision application deadline is April 15 for the fall semester and September 15 for the spring semester.* **Applications received after these dates will be considered based on availability.**

A complete application packet consists of the following:

- A completed Graduate Application for Admission, with a \$30 non-refundable application fee.
- Official transcripts from all institutions of higher education previously attended.
- Official Graduate Record Examination (GRE) scores or evidence of having registered to take the GRE (for DNP program only).
- Three completed recommendation forms: At least one should be from a supervisor and one from a faculty member. At least two recommendations should be from persons with graduate degrees.
 - * Individuals asked to provide a recommendation should complete the form, place it in a sealed envelope, sign across the seal and **return it to the applicant**. The applicant is responsible for submitting completed recommendations in addition to other admission materials.
- Completed documentation of Clinical Hours Form documenting one year RN nursing work experience for all tracks MSN and DNP, and,
 - o for those applying to the Psychiatric Mental Health Certificate track, documentation of number of clinical hours in psychiatric mental health program, OR
 - o for those applying to the DNP post graduate completion certificate track, documentation of number of clinical hours in nurse practitioner program.
- A Completed Curriculum Vitae Form.

Completed application materials should be returned to:

**Shenandoah University - Office of Admissions
Graduate Nursing Application Processing
1460 University Drive Winchester, VA 22601**

Only completed packets will be considered for admission. It is the applicant's responsibility to confirm that all application materials have been received by the Office of Admissions by the appropriate due date.

Upon *receipt* of a completed application the Division of Nursing MSN Curriculum Committee will invite the potential student for a personal interview. Applicants approved for admission to Shenandoah University will receive official notification in writing by the Director of Admissions usually within 4-6 weeks. Applicants must submit written confirmation of their intention to accept the offer within 10 days of receiving notification. This written confirmation will reserve placement in the upcoming class.

ADMISSION CRITERIA FOR POST-MASTER'S CERTIFICATE AND DNP TRACKS

Admission to the Post-Master of Science in Nursing DNP or Certificate in Psychiatric Mental Health Nurse Practitioner, Family Nurse Practitioner, and Nurse-Midwifery Tracks is competitive. Individuals seeking admission into the Graduate program must meet the following requirements:

- ◆ Be a licensed Registered Nurse. Applicants not licensed in Virginia must apply and receive reciprocity. Students must also hold RN licensure in all states where they participate in student clinicals.
- ◆ Have a minimum graduate cumulative Grade Point Average (GPA) of 3.0 on a 4.0 scale.
- ◆ Earned a Master of Science degree in nursing from a CCNE accredited program. If degree is not from a CCNE accredited program the applicant will be evaluated on an individual basis.
- ◆ For those applying to the DNP, have earned a Master of Science degree in nursing and graduated from an NP program, both of which are CCNE accredited programs. If degree is not from a CCNE accredited program the applicant will be evaluated on an individual basis. Applicants will need to show number of clinical hours completed in their program of study. Students having less than 720 hours will need to take additional clinical hours in their program at SU.
- ◆ For those applying to the DNP, be certified as an FNP by either the ANCC or AANP or PMHNP certificate from ANCC.
- ◆ Have a minimum of 2,080 hours or one year (or equivalent) of relevant RN clinical experience prior to enrolling in the specialty track courses (for DNP, Nurse-Midwifery and Nurse Practitioner applicants only). The Division of Nursing Graduate Admissions Committee determines equivalency. Students requesting consideration of equivalency must do so in writing and provide rationale for the request.
- ◆ Applicants to the Psychiatric Mental Health Nurse Practitioner Certificate Track must document a minimum of 320 clinical hours in their PMH course work. Students having less than 320 hours will need to take additional clinical hours in their program at SU.
- ◆ Applicants to the post NP master's DNP Track must document a minimum of 720 clinical hours in their NP course work. Students having less than 720 hours will need to take additional clinical hours in their program at SU.
- ◆ Applicants to the post MSN NP DNP track must show transcripts of the following prerequisite graduate level course work with a grade of 'B' or better:
 - Advanced Pharmacology and Therapeutics (equivalent of N550). Applicants to the FNP and PMHNP Certificate track must include at least 30 hours of clinical practice associated with the course (equivalent to NP570).
 - Advanced Concepts in Physiology and Pathophysiology (equivalent of N560).
 - Advanced Health Promotion and Assessment Across the Life-span (equivalent of N580). Applicants to the Family Nurse Practitioner Certificate track must include at least 120 hours of clinical practice and lab associated with the course (equivalent to NP580 & N580 lab). Applicants to PMHNP and NMW certificate tracks must include at least 60 hours of clinical practice and lab associated with the course (equivalent to N580).

- In addition, for those applying to the DNP:
 - Applied and Interactive Genetics (equivalent to N583).
 - Emergency preparedness and disaster nursing (equivalent to N515).
- ◆ Be able to meet the Nursing Performance Standards identified by the Division of Nursing.
- ◆ Submit two recommendation forms (3 for DNP) included in this booklet. At least one recommendation is to be from a nursing service supervisor and one from a nursing faculty member. If the applicant cannot submit a nursing faculty member recommendation, they may submit an additional nursing service supervisor recommendation. At least two forms must be completed by persons with earned graduate degrees.

Applicants will be offered acceptance to these tracks when all outstanding prerequisite requirements are successfully completed. Students may enroll as a Non-degree Seeking Special Student for a maximum of 6 credit hours while simultaneously completing outstanding prerequisite requirements. Special Students are not eligible for financial aid. Post MSN students may transfer up to 6 credit hours into the Graduate Program, including those taken as a Special Student. All transfer credits must have a grade of B or better.

Institution	Position	Full or Part Time	Service Dates (mo/yr – mo/yr)

Service Committee Work: (begin with most recent) Continue on back if needed

Institution	Committee	Service Dates (mo/yr – mo/yr)

Organizational Membership: (begin with most recent) Continue on back if needed

Name of Organization	Offices Held	Member Dates (mo/yr – mo/yr)

Teaching Experience: (begin with most recent) Continue on back if needed

Lecture or Presentation	Audience	Location (City, State)	Service Dates (mo/yr – mo/yr)

Academic Awards/Honors: (begin with most recent) Continue on back if needed

Name of Award/Honor	Date Granted (mo/yr)

Community Service: (begin with most recent) Continue on back if needed

Name of Organization	Office Held	Service Dates (mo/yr – mo/yr)

List any additional information you would like the Admission's Committee to consider on a separate sheet of paper or in an accompanying résumé.



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GRADUATE NURSING PROGRAM: Recommendation Form

This Form must be given back to the applicant in a sealed envelope with the evaluator's signature across the seal.

Instructions to the Applicant: Type or print in black ink your information and the information of the evaluator or person familiar with your professional or academic performance to whom you are forwarding these recommendation form. Please use your full name as it would appear on *your* Social Security Card or Passport.

General Information Applicant:

			Previous Applicant?	YES / NO
Name:			Social Security #:	- -
Address:			Date of Birth:	/ /
City:	State:	Zip:	Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

Evaluator:

Name:			Title:	
Address:			Degree:	
City:	State:	Zip:	Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

Type of reference (check one): Educator Supervisor

The Family Education Rights and Privacy Act of 1974 permits you to review letters of recommendation. You may waive this right in order to allow your recommender to submit a confidential letter on your behalf. You must complete the following statement indicating whether you do or do not waive this right.

I hereby waive the right to review this letter.
 do *not* waive

Applicant's Signature: _____ Date: _____

Instructions to the Evaluator: Please give a candid evaluation of the applicant's potential for successfully completing the Graduate program by responding to the following questions. Please complete promptly and return this recommendation form to the applicant in a sealed and signed envelope. We strongly prefer that you complete the questions listed in this evaluation form. We thank you for your time and effort.

1. How long have you known the applicant and in what capacity?

2. What do you consider to be the applicant's major strengths and accomplishments as they pertain to suitability for the advanced practice role and success in graduate program?

3. What do you consider to be the applicant's weaknesses?

4. Please rate the applicant on the following categories with reference to potential for success as an advanced practice nurse.

	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 25%)	Average (25%-75%)	Below Avg. (Under 25%)	N/A
Application of Knowledge						
Spoken English						
Communication Skills						
Clinical Skills, Oral & Written						
Emotional Maturity						
Judgment and Decision Making Ability						
Dependability						
Integrity						
Awareness of Need for Assistance or Supervision						
Productivity						
Effectiveness						
Interaction with Clients, Peers, Subordinates, & Supervisors						
Overall Assessment for Graduate Study						

5. Please comment on the ratings you assigned above and provide any further comments about the applicant's record, potential, or personal qualities that may be helpful to the Admissions Committee.

6. Please check **ONE** as appropriate:

- I recommend this applicant strongly
- I recommend this applicant
- I recommend this applicant, but with reservation

Evaluator's Signature: _____ Date: _____

RETURN COMPLETED FORM to the applicant in a sealed envelope, signed across the seal.



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GRADUATE NURSING PROGRAM: Recommendation Form

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General Information Applicant:

			Previous Applicant?	YES / NO
Name:			Social Security #:	- -
Address:			Date of Birth:	/ /
City:	State:	Zip:	Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

Evaluator:

Name:			Title:	
Address:			Degree:	
City:	State:	Zip:	Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

Type of reference (check one): Educator Supervisor

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 do *not* waive

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4. What do you consider to be the applicant’s major strengths and accomplishments as they pertain to suitability for the advanced practice role and success in graduate program?

3. What do you consider to be the applicant’s weaknesses?

4. Please rate the applicant on the following categories with reference to potential for success as an advanced practice nurse.

	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 25%)	Average (25%-75%)	Below Avg. (Under 25%)	N/A
Application of Knowledge						
Spoken English						
Communication Skills						
Clinical Skills, Oral & Written						
Emotional Maturity						
Judgment and Decision Making Ability						
Dependability						
Integrity						
Awareness of Need for Assistance or Supervision						
Productivity						
Effectiveness						
Interaction with Clients, Peers, Subordinates, & Supervisors						
Overall Assessment for Graduate Study						

5. Please comment on the ratings you assigned above and provide any further comments about the applicant’s record, potential, or personal qualities that may be helpful to the Admissions Committee.

6. Please check **ONE** as appropriate:
- I recommend this applicant strongly
 - I recommend this applicant
 - I recommend this applicant, but with reservation

Evaluator’s Signature: _____ Date: _____

RETURN COMPLETED FORM to the applicant in a sealed envelope, signed across the seal.



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GRADUATE NURSING PROGRAM: Recommendation Form

This Form must be given back to the applicant in a sealed envelope with the evaluator's signature across the seal.

Instructions to the Applicant: Type or print in black ink your information and the information of the evaluator or person familiar with your professional or academic performance to whom you are forwarding these recommendation form. Please use your full name as it would appear on *your* Social Security Card or Passport.

General Information Applicant:

Name:			Previous Applicant?	YES / NO
Address:			Social Security #:	- - -
City:	State:	Zip:	Date of Birth:	/ /
Country:			Daytime #:	() -
E-mail:			Mobile #:	() -
			Evening #:	() -

Evaluator:

Name:			Title:
Address:			Degree:
City:	State:	Zip:	Daytime #:
Country:			Mobile #:
E-mail:			Evening #:

Type of reference (check one): Educator Supervisor

The Family Education Rights and Privacy Act of 1974 permits you to review letters of recommendation. You may waive this right in order to allow your recommender to submit a confidential letter on your behalf. You must complete the following statement indicating whether you do or do not waive this right.

I hereby waive do *not* waive the right to review this letter.

Applicant's Signature: _____ Date: _____

Instructions to the Evaluator: Please give a candid evaluation of the applicant's potential for successfully completing the Graduate program by responding to the following questions. Please complete promptly and return this recommendation form to the applicant in a sealed and signed envelope. We strongly prefer that you complete the questions listed in this evaluation form. We thank you for your time and effort.

5. How long have you known the applicant and in what capacity?

6. What do you consider to be the applicant's major strengths and accomplishments as they pertain to suitability for the advanced practice role and success in graduate program?

3. What do you consider to be the applicant's weaknesses?

4. Please rate the applicant on the following categories with reference to potential for success as an advanced practice nurse.

	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 25%)	Average (25%-75%)	Below Avg. (Under 25%)	N/A
Application of Knowledge						
Spoken English						
Communication Skills						
Clinical Skills, Oral & Written						
Emotional Maturity						
Judgment and Decision Making Ability						
Dependability						
Integrity						
Awareness of Need for Assistance or Supervision						
Productivity						
Effectiveness						
Interaction with Clients, Peers, Subordinates, & Supervisors						
Overall Assessment for Graduate Study						

5. Please comment on the ratings you assigned above and provide any further comments about the applicant's record, potential, or personal qualities that may be helpful to the Admissions Committee.

6. Please check **ONE** as appropriate:

- I recommend this applicant strongly
- I recommend this applicant
- I recommend this applicant, but with reservation

Evaluator's Signature: _____ Date: _____

RETURN COMPLETED FORM to the applicant in a sealed envelope, signed across the seal.



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GRADUATE NURSING PROGRAM: Documentation of Clinical Hours

For DNP Applicants and Applicants for Nurse-Midwifery, Family Nurse Practitioner, and Psychiatric Mental Health MSN and Post-Master’s Certificate Tracks in these specialty tracks Only

Instructions: This form should be returned to the applicant for inclusion in the application. (If completed in more than one institution, please fill out a separate form for each institution. You may duplicate this form as needed.)

General Information:			Previous Applicant? YES / NO
Name:			Social Security #: - -
Address:			Date of Birth: / /
City:	State:	Zip:	Daytime #: () -
Country:			Mobile #: () -
E-mail:			Evening #: () -

Applicant’s Signature: _____ Date: _____

Total hours worked as a Registered Nurse in the last 5 years: _____

(Include dates when position was held)

Position(s) held: _____

Type of Unit(s): _____

Nursing Supervisor/Faculty

Evaluator:

Name:			Title:
Address:			Degree:
City:	State:	Zip:	Daytime #: () -
Country:			Mobile #: () -
E-mail:			Evening #: () -

*I verify that the total hours worked as a Registered Nurse,
as indicated on this page, are accurate.*

Authority’s Signature: _____ Date: _____



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GRADUATE NURSING PROGRAM: Documentation of Psychiatric Program Clinical Hours

For Psychiatric Mental Health Practitioner Certificate Track Students Only

Instructions: This form should be returned to the applicant for inclusion in the application. (If completed in more than one institution, please fill out a separate form for each institution. You may duplicate this form as needed.)

General Information:

			Previous Applicant?	YES / NO
Name:			Social Security #:	- -
Address:			Date of Birth:	/ /
City:	State:	Zip:	Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

Applicant's Signature: _____ Date: _____

Total clinical hours in PMH course work: _____

PMH Institution: _____

Date course work completed: _____

Nursing Supervisor/Faculty

Evaluator:

Name:			Title:	
Address:			Degree:	
City:	State:	Zip:	Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

I verify that the total course hours for clinical, as indicated on this page, are accurate.

Authority's Signature: _____ Date: _____



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U N I V E R S I T Y

Doctorate of Nursing Practice: Documentation of Nurse Practitioner Program Clinical Hours

For DNP Track Students Only

Instructions: This form should be returned to the applicant for inclusion in the application. (If completed in more than one institution, please fill out a separate form for each institution. You may duplicate this form as needed.)

General Information:

Name:			Previous Applicant?	YES / NO
Address:			Social Security #:	- -
City:			Date of Birth:	/ /
State:	Zip:		Daytime #:	() -
Country:			Mobile #:	() -
E-mail:			Evening #:	() -

Applicant's Signature: _____ Date: _____

Total clinical hours in NP course work: _____

NP Institution: _____

Date course work completed: _____

Nursing Supervisor/Faculty

Evaluator:

Name:			Title:
Address:			Degree:
City:	State:	Zip:	Daytime #:
Country:			Mobile #:
E-mail:			Evening #:

*I verify that the total course hours for clinical,
as indicated on this page, are accurate.*

Authority's Signature: _____ Date: _____



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GRADUATE NURSING PROGRAM: Transcript Request Form

Instructions: The applicant may use this form to request transcripts. To do so, complete the form and mail it to each educational institution attended, including high school, colleges and/or universities. The applicant should contact the Office of the Registrar at each institution to determine the required fee for each copy of the transcript. The applicant may photocopy this form as needed.

General Information:

Name:			Previous Applicant?	YES / NO
Address:			Social Security #:	- -
City:	State:	Zip:	Date of Birth:	/ /
Country:			Daytime #:	() -
E-mail:			Mobile #:	() -
			Evening #:	() -

Educational Institution Information:

Name:		
Street Address:		
City:	State:	Zip Code:

I am writing to request that **ONE official copy** of my transcript be sent to:

Shenandoah University - Office of Admissions
Attention: Graduate Nursing Admissions Coordinator
1460 University Drive
Winchester, VA 22601

Dates of attendance:
Student Identification # (if appropriate):
Degree(s) Granted (if appropriate):
Name While Attending (if different than already listed):

Enclosed you will find the required fee. Please note that the transcript must be received at Shenandoah University prior to application deadlines.

Signature: _____ Date: _____



1460 University Drive
Winchester, Virginia 22601-5195

1-800-432-2266

E-mail: admit@su.edu

www.su.edu