

APPLICATION INSTRUCTIONS

SEND APPLICATION TO: Johns Hopkins University School of Nursing
Office of Admissions and Student Services
525 North Wolfe Street, Suite 113
Baltimore, MD 21205-2110

Follow all instructions carefully to avoid delays in the processing of application materials. In order to expedite the application process, students may submit all supporting documentation, including official transcripts and recommendations in sealed envelopes, in one package with the exception of test scores. **Before a final admission decision can be made, all of the following supporting documentation must be received.**

APPLICATION CHECKLIST

- Completed and signed application form
- Signed statement acknowledging the Johns Hopkins University School of Nursing Ethics Policy
- \$50 non-refundable** application fee. Make check or money order payable to the **Johns Hopkins University** (*Please do not send cash.*)
- Goal statement
- Two recommendations; one recommendation must be from an academic source (i.e. a professor whose class you have completed or are currently in the process of completing) and the other recommendation may be from either an academic or professional source (i.e. from an employment/volunteer supervisor). The recommendations should be enclosed in sealed envelopes with the recommender's signature across the envelope flap.
- Official transcripts from all colleges and universities attended (including the Johns Hopkins University)
- Current resumé or curriculum vitae
- Verification of current RN license. All RN's must obtain a Maryland RN license and present verification by the time of matriculation.

INTERNATIONAL APPLICANTS and STUDENTS WHO HAVE COMPLETED COURSES OUTSIDE OF THE U.S. ONLY

- Official course by course WES (World Education Services) evaluation or official course by course evaluation from CGFNS (Commission on Graduates of Foreign Nursing Schools).
Please note: if any academic credit was granted from an academic institution outside the United States, credits must be evaluated.
- Official TOEFL (Test of English as a Foreign Language) scores for international students whose native language is not English
- All non-permanent citizens are required to submit official documents in English showing proof of funding by the time of matriculation. For more information, visit (<http://www.hopkinsmedicine.org/intlsvcs/>).

Please note: The University of necessity reserves the freedom to change without notice any programs, policies, requirements or regulations published herein.

Criminal Background Check - Johns Hopkins University School of Nursing students are required to undergo a criminal background check prior to matriculation. The School of Nursing will provide information about this process to accepted students.

The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national or ethnic origin, age, marital status, disability or veteran status in any student program or activity administered by the university or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this university policy. The university is committed to encouraging a change in the Defense Department policy. Questions regarding Title VI, Title IX and Section 504 should be referred to the Office of Equal Opportunity and Affirmative Action Programs, Garland Hall, Suite 130, (410) 516-8075.

9/21/07

School of Nursing

GENERAL INFORMATION

social security number _____

last name _____ first _____ middle _____ previous name/s _____

permanent mailing address _____

city _____ state _____ zip code _____

current mailing address _____ effective until _____

city _____ state _____ zip code _____

() _____ () _____ () _____
home telephone number cell telephone number work telephone number

email address _____ home state _____

Have you previously applied to the Johns Hopkins University School of Nursing? Yes No If yes, when? _____

CITIZENSHIP STATUS

U.S. Citizen Permanent Resident Foreign National

If not a U.S. citizen, country of citizenship (city and country) _____

Visa Type: PR F-1 H-1 A-1 G-1 Other _____

Do you need an I-20 or F-1 Visa? Yes No

OPTIONAL

The Johns Hopkins University School of Nursing seeks to attract students from all racial and ethnic groups in society. We would appreciate your providing the following **optional** information that will be used for statistical purposes only and will not be considered as part of the admissions decision. Please be advised that the information sought is intended for use in connection with the School of Nursing's voluntary equal opportunity efforts. There is no requirement that you provide the information and no adverse action will result if you choose not to answer the inquiry. All the information will be maintained confidentially.

How would you describe yourself?

- Asian or Asian American Latin American, South or Central American or other Hispanic
- Black, African American or African Native Hawaiian or Pacific Islander Mexican American or Chicano
- Caucasian Native American or Alaskan Native Puerto Rican

Gender: Female Male Date of birth: _____ Place of birth: _____

We wish to reiterate that the School encourages the submission of applications from all qualified individuals regardless of the applicant's race, color, gender, religion, sexual orientation, national or ethnic origin, age, marital status, disability or veteran status.

Name: _____

SS#: _____

RN LICENSE INFORMATION

States in which licensed as an RN:

License Number:

EMPLOYMENT INFORMATION

List most recent first.

Employer	Position/Title	Dates

RECOMMENDATIONS

Name	Title/Institution	Address	Telephone

GOAL STATEMENT

Please type a statement addressing the reasons why you wish to pursue the Hopkins Business of Nursing. Focus on your long-term goals and how the Hopkins Business of Nursing will complement these goals. Include your current and past management/leadership experience in nursing. The statement should be no more than two pages in length and should be double-spaced.

ETHICS POLICY

Students enrolled in the Johns Hopkins University School of Nursing are expected to conduct themselves in a manner that upholds the values of this institution of higher education. Each student is obligated to refrain from violating academic and professional nursing ethics, principles and non-academic standards of conduct. The School of Nursing Ethics Policy is based on the shared core values stated in the School's Values Statement.

To review the entire Johns Hopkins University, School of Nursing Ethics Policy, visit <http://www.son.jhmi.edu>.

By signing here you agree that if admitted, you will hold yourself and others to the highest standards based on the values of **excellence**, **respect**, **diversity**, **integrity** and **accountability**.

Signature: _____ Date: _____

APPLICANT'S SIGNATURE

My signature below indicates that all the information contained in my application is factually correct and honestly presented. I acknowledge that this application and all required credentials submitted to the Office of Admissions and Student Services, including school and college reports and all transcripts, are confidential items and are not to be released to anyone except as allowed by applicable law. I recognize that the University reserves the right to deny admission to applicants even though they have met the minimum requirements for admission.

Signature: _____ Date: _____

School of Nursing

APPLICANT

Name: _____
last first middle

Degree/s Sought: _____ Focus: _____

Address: _____
street address city state zip code

Name of recommender: _____
last first middle

Type of reference: Academic Professional

Family Educational Rights and Privacy Act of 1974

The purpose of this recommendation is to assist in making the admission decision. Under the provisions of this act you have the right, if you enroll at the Johns Hopkins University School of Nursing, to review your recommendations. The act further provides that you may waive your right to see the recommendations filed for admission. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive I do not waive my right of access that I may have to this recommendation form

Signature: _____ Date: _____

RECOMMENDER

The person whose name appears above has applied for admission to the Johns Hopkins University School of Nursing. It would be helpful to the Admissions Committee if you would provide your assessment of the applicant. Please complete the information requested on both sides of this form. When complete, return in a **sealed envelope with your signature across the back flap** to either the applicant or the Office of Admissions and Student Services, Johns Hopkins University School of Nursing, 525 North Wolfe Street, Baltimore, MD 21205-2110.

Please describe your relationship with the applicant and how long you have known him/her.

What do you consider to be the applicant's strengths?

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

How well do you think the applicant has considered plans for graduate study?

What do you think is the applicant's potential for creative scholarship and research?

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and maturity					
Ability to work with others					
Breadth of general knowledge					
Intellectual capacities					
Quality of written expression					
Analytical ability					
Quantitative ability					

Please comment on the ratings that you have assigned and make additional comments about the applicant's record, potential, personal or leadership qualities which you feel would be helpful to the Graduate Admissions Committee. We are especially interested in anything that you might add that would not be otherwise apparent in the applicant's record.

In making our admission decisions, we value your appraisal of the applicant's qualities. Thank you for your evaluation.

Name: _____ Title: _____

Institution: _____

Address: _____

Telephone number: _____ Email address: _____

Signature: _____ Date: _____

School of Nursing

APPLICANT

Name: _____
last first middle

Degree/s Sought: _____ Program: _____

Address: _____
street address city state zip code

Name of recommender: _____
last first middle

Type of reference: Academic Professional

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I waive I do not waive my right of access that I may have to this recommendation form

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