

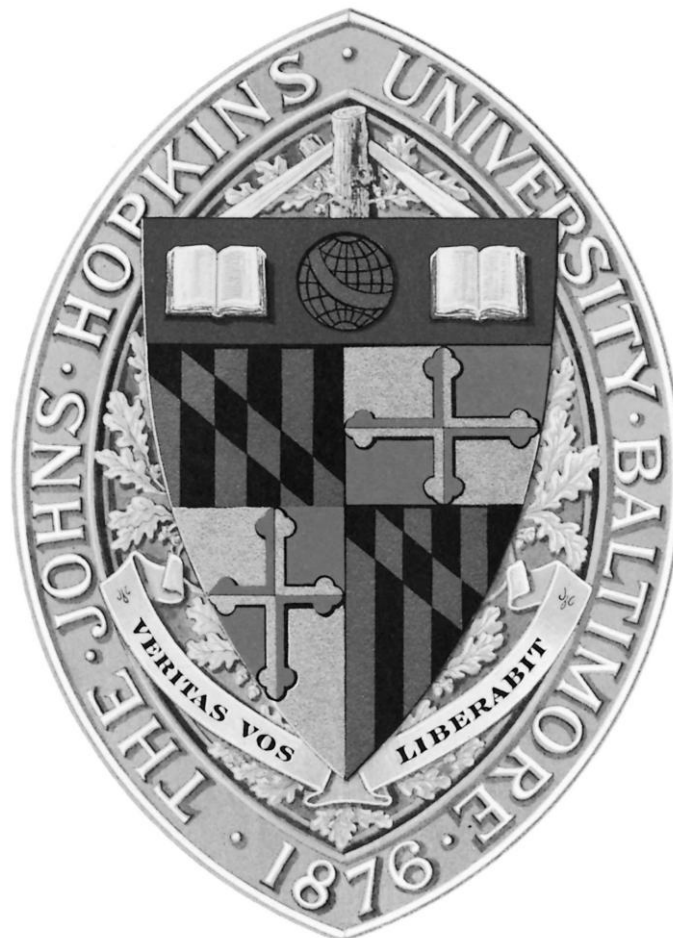
## Application for Admission

**MSN** - Master of Science in Nursing

**MSN/MBA** - Master of Science in Nursing/Master of Business Administration

**MSN/MPH** - Master of Science in Nursing/Master of Public Health

**MSN/PhD** - Master of Science in Nursing/Doctor of Philosophy



*"Bring into the school the best possible students, provide for them... the best possible instruction, instill into them a realization of their responsibilities, send them out in the profession."* -- Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital 1910-1940

## 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

**DEADLINES:** **August 1** - for fall entry  
**December 1** - for spring entry  
**May 1** - for summer entry (except MSN/MPH)  
**December 1** (must be completed by this date!) - for MSN/MPH July entry

The application and all supporting documentation must be received by the deadlines listed. To be given consideration for a Merit Scholarship Award, you must be accepted for admission by March 1. Please note that on average it takes the Admissions Committee approximately one month to reach a decision upon receipt of a completed application.

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 (test scores excluded). Application supporting documentation may also arrive separately. **Before a final admission decision can be made, all supporting documentation must be received.**

### APPLICATION CHECKLIST

- Completed and signed application form
- Signed statement acknowledging the Johns Hopkins University School of Nursing Ethics Policy
- \$75 non-refundable application fee. Make check or money order payable to the Johns Hopkins University (*Please do not send cash.*)
- Goal statement
- Three recommendations; at least 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). The remaining two recommendations 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
- Official GRE (Graduate Record Examination) scores sent to the JHUSON (School code: 5767)  
*Please note: The GRE is required for the MSN/MPH and MSN/MBA options only. It is optional for all other Master's options.*
- Verification of current RN license. All RN's must obtain a Maryland RN license and present verification by the time of matriculation.
- Scholarship essay – For students who wish to be considered for academic merit based scholarships

### 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.*

**School of Nursing**

**Semester/Year:**  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

Full-time  Part-time

- Specialty Area:**
- Adult Primary Care Nurse Practitioner
  - Adult Acute/Critical Care Nurse Practitioner
  - Family Primary Care Nurse Practitioner
  - Pediatric Primary Care Nurse Practitioner
  - Clinical Nurse Specialist
    - Med/Surg or Adult Health Nursing
    - Forensic Nursing
    - Pediatrics
    - Cardiovascular Disease
    - Geriatrics
    - Other clinical area \_\_\_\_\_
  - Women's Health Clinical Nurse Specialist/Nurse - Midwifery Track
  - Health Systems Management
  - Health Systems Management: Emergency Preparedness/Disaster Response
  - Health Systems Management/Clinical Nurse Specialist Dual Focus
  - MSN/MBA
  - Public Health Nursing
  - MSN/MPH (indicate MSN focus)
    - Public Health Nursing
    - Nurse Practitioner with a Public Health Nursing Focus (indicate Nurse Practitioner focus)
      - Adult Acute/Critical Care
      - Adult Primary Care
      - Family Primary Care
      - Pediatric Primary Care
  - MSN/PhD

**GENERAL INFORMATION**

\_\_\_\_\_ social security number

\_\_\_\_\_ last name first name middle previous name/s

\_\_\_\_\_ permanent mailing address

\_\_\_\_\_ city state zip code

\_\_\_\_\_ current mailing address effective until

\_\_\_\_\_ city state zip code

( ) ( ) ( )  
home telephone number cell phone 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? \_\_\_\_\_

Have you ever served in the Peace Corps?  Yes  No If yes, where and when? \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

## CITIZENSHIP STATUS

U.S. Citizen       Permanent Resident       Foreign National

If not a U.S. citizen, country of citizenship \_\_\_\_\_

Visa Type:       PR       F-1       H-1       A-1       G-1       Other \_\_\_\_\_

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

## OPTIONAL

The Johns Hopkins University School of Nursing seeks to attract students from all racial and ethnic groups. 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.***

Please indicate if you are interested in receiving information regarding the Johns Hopkins University Army Nurse Corps.

Yes       No

## HOW DID YOU HEAR ABOUT US?

*Please indicate the contacts you have had with the Johns Hopkins University School of Nursing: (Check all that apply)*

Special Hopkins on-campus program/tour \_\_\_\_\_  
program, date

Peterson's Guide       National League of Nursing Guide       AllNursingSchools.com

World Wide Web \_\_\_\_\_  
site       Mailing

Hopkins alumni/current student \_\_\_\_\_  
name

Visit to your college/place of employment by a Hopkins representative \_\_\_\_\_  
location

Career day/school fair event \_\_\_\_\_  
program

Other \_\_\_\_\_

Please indicate what influenced you most to apply to the Johns Hopkins University School of Nursing: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

**TEST INFORMATION**

**GRE**

Month/Year \_\_\_\_\_

Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical Writing \_\_\_\_\_

**TOEFL**

Month/Year \_\_\_\_\_ Score \_\_\_\_\_

**ACADEMIC INFORMATION**

List in chronological order **all** undergraduate and graduate schools that you have attended. An official transcript from each institution attended is required.

Academic Institutions	City and state	Dates of Attendance	Major	Degree Granted/Expected

**PREREQUISITES**

Please complete the chart indicating when and where you have taken or plan to take these baccalaureate level courses. Applicants who fail to complete this section will not have their application reviewed by the Admissions Committee

Coursework	Academic Institution	Course Title and number of credits	Completion date
An information technology in nursing course			
A statistics course			
A health assessment course			

**TO BE FILLED OUT BY MSN/MPH APPLICANTS ONLY**

Coursework	Academic Institution	Course Title and number of credits	Completion date
College level course in Quantitative Science (ex. Algebra, Calculus, Statistics)			
General Biology			
Health Related Science (ex. Nutrition, Anatomy, Physiology)			

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

## HONORS AND AWARDS

Are you a member of Sigma Theta Tau International Honor Society of Nursing?

Yes     No    If yes, which chapter? \_\_\_\_\_

Please list academic, community or employment honors, and/or awards you have received.

Honor/Award	Description	Date

## RECOMMENDATIONS

Name	Title/Institution	Address	Telephone

## RN LICENSE INFORMATION

States in which licensed as an RN:

License Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT INFORMATION

List most recent first.

Employer	Position/Title	Dates

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

## RESEARCH ACTIVITIES

List any thesis or other research you have conducted or in which you have been involved as a member of a research team.

Title of research project	Your role in the project	Dates

## PUBLICATIONS AND PRESENTATIONS

List titles

Publishers

Dates

List titles	Publishers	Dates

## ORGANIZATIONS

List the professional, community and volunteer organization in which you have been active.

Organization

Description of Activity

Dates

Organization	Description of Activity	Dates



Name: \_\_\_\_\_

SS#: \_\_\_\_\_

## GOAL STATEMENT

Please type a statement, 2 - 3 double-spaced pages in length, describing your professional goals and your reason for interest in the program at Johns Hopkins University School of Nursing.

MSN/PhD applicants: please describe your research interests and be as specific as possible.

MSN/MPH applicants: your application will be reviewed by both the School of Nursing and the Bloomberg School of Public Health at the Johns Hopkins University. Please address your reasons for applying to the MSN/MPH joint degree option, include your work and volunteer experience as related to public health issues and your future goals.

## 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: \_\_\_\_\_



## MASTER'S ACADEMIC MERIT SCHOLARSHIP GUIDELINES

The Johns Hopkins University School of Nursing offers a limited number of Academic Merit Scholarships to eligible and qualified accepted applicants who are candidates for the master's degree. The competitive awards are made to those accepted applicants who, in the judgment of the faculty of the School of Nursing, have demonstrated academic excellence and leadership capabilities. **Please note that preference for merit scholarships is given to students who intend to enroll full-time.** The Scholarship may be renewed each year provided you remain in good academic standing at the School of Nursing and depending on availability of funds. It is through the fundraising initiatives of the School of Nursing Development Office that we are able to offer these awards.

*To be **eligible** for the Master's Academic Merit Scholarship, you must:*

- Have an outstanding academic record
- Have demonstrated leadership capabilities and involvement in academic or professional nursing organizations

*To be **considered** for the Master's Academic Merit Scholarship you must:*

- Complete the application for Merit Scholarship
- Submit a typed personal statement (maximum two double spaced pages) addressing the following:

*Describe leadership experiences and/or your involvement in academic or professional nursing organizations that have contributed to your career goals. Describe how receiving a Master's Academic Merit Scholarship from the Johns Hopkins University School of Nursing will assist you in the continued pursuit of your goals.*

- Return both documents no later than **March 1**

*The **recipients** of the Master's Academic Merit Scholarship will:*

- Remain in good academic standing
- Provide stewardship to the donor as requested by the Development Office. Stewardship may include activities such as thank you letters and attending a scholar/donor luncheon.

School of Nursing

MASTER'S ACADEMIC MERIT SCHOLARSHIP APPLICATION

- Specialty Area:
- Adult Primary Care Nurse Practitioner
  - Adult Acute/Critical Care Nurse Practitioner
  - Family Primary Care Nurse Practitioner
  - Pediatric Primary Care Nurse Practitioner
  - Clinical Nurse Specialist
    - Med/Surg or Adult Health Nursing
    - Forensic Nursing
    - Pediatrics
    - Cardiovascular Disease
    - Geriatrics
    - Women's Health
    - Other clinical area \_\_\_\_\_
  - Clinical Nurse Specialist in Women's Health and Certificate of Completion in Midwifery
  - Health Systems Management
  - Health Systems Management: Emergency Preparedness/Disaster Response
  - Health Systems Management/Clinical Nurse Specialist Dual Focus
  - MSN/MBA
  - Public Health Nursing
  - MSN/MPH (indicate MSN focus)
    - Public Health Nursing
    - Nurse Practitioner with a Public Health Nursing Focus (indicate Nurse Practitioner focus)
      - Adult Acute/Critical Care
      - Adult Primary Care
      - Family Primary Care
      - Pediatric Primary Care
  - MSN/PhD

I am, or plan to be: \_\_\_\_ Full-Time \_\_\_\_ Part-Time

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I have read the requirements and terms of the Academic Merit Scholarship and, if awarded, I agree to abide by the conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return **completed Application** along with your **essay**, no later than **March 1**, to one of the following:

Mail: The Academic Merit Scholarship Committee  
Johns Hopkins University School of Nursing  
Office of Admissions and Student Services  
Attn: Kasey Lambert  
525 North Wolfe Street, Suite 113  
Baltimore, Maryland 21205

Email: [klamber4@son.jhmi.edu](mailto:klamber4@son.jhmi.edu)

Fax: 410-614-7086, Attn: Kasey Lambert

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 this program?

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

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**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.**

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**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: \_\_\_\_\_



How well do you think the applicant has considered plans for this program?

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

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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.

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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: \_\_\_\_\_



How well do you think the applicant has considered plans for this program?

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

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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.

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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: \_\_\_\_\_



