

MOUNT CARMEL COLLEGE OF NURSING

GRADUATE PROGRAM ADMISSIONS

Thank you for your interest in applying for admission to the Master of Science graduate program at Mount Carmel College of Nursing.

The admission requirements for the program include:

- ✓ Baccalaureate Degree in Nursing from an accredited program; accreditation by either the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education
- ✓ Current unrestricted Ohio RN license
- ✓ Pre-requisites: Undergraduate research and statistics
- ✓ Minimum cumulative grade point average of 3.0 on a 4.0 scale in baccalaureate nursing program
- ✓ Minimum TOEFL score of 550 for international applicants
- ✓ No GRE Testing

Additional materials to be submitted at the time of course enrollment:

- ✓ Current CPR certification
- ✓ Current professional liability insurance
- ✓ Completed health form
- ✓ Criminal background check

Admission applications are accepted for Fall Semester, Winter Semester, and Summer Session. Students may enter the program and begin studies for any one of the three. All admission materials should be submitted at least two months prior to the semester the student plans to begin studies. The admission materials to be submitted for consideration in the program include:

- ✓ Completed application form and \$30 application fee
- ✓ Official transcripts from all previous academic work
- ✓ Current resume
- ✓ Statement of career goals, objectives, and plans for graduate study
- ✓ Three letters of recommendation from professional associates including at least one reference from a faculty member in your undergraduate nursing program (if a recent graduate)

Please note: Students may transfer a maximum of six credits of equivalent course work, with a grade of B or higher, from another graduate program.

Classes for the program will be scheduled all day Wednesdays. Students may pursue either part-time or full-time study. A minimum of six semester hours will be considered full time.

Mount Carmel College of Nursing is an equal opportunity educational institution.

Send all inquiries and admission materials to:

Kip Sexton, MS, RN
Program Coordinator
Mount Carmel College of Nursing
127 South Davis Avenue
Columbus, Ohio 43222
esexton@mchs.com
(614) 234-5169

MOUNT CARMEL COLLEGE OF NURSING
MASTER OF SCIENCE PROGRAM

ADMISSION APPLICATION

Personal Information: PLEASE PRINT

- Fall
- Winter
- Summer _____

Social Security Number _____ - _____ - _____ Semester / Year you plan to enroll _____

LAST NAME FIRST NAME MI PREVIOUS NAMES (if any)

MAILING ADDRESS

CITY STATE ZIP COUNTY OF RESIDENCE

WORK TELEPHONE NUMBER HOME PHONE NUMBER

CELL PHONE NUMBER E-MAIL ADDRESS

EMPLOYER'S NAME AND ADDRESS

IN CASE OF EMERGENCY, PLEASE CONTACT

ADDRESS

PHONE NUMBER(S)

CITIZENSHIP: _____ U.S. citizen _____ Permanent Resident _____ Nonresident alien

THE FOLLOWING INFORMATION IS USED FOR REPORTING PURPOSES:

GENDER: Male _____ Female _____ MARITAL STATUS: Married _____ Unmarried _____

BIRTHDATE: _____/_____/_____

ETHNICITY: African American Asian American Indian Caucasian Hispanic Other

Academic Information:

RN LICENSURE: Ohio # _____

List any other states of active licensure _____

COLLEGE WHERE RECEIVED BACCALAUREATE IN NURSING YEAR OF GRADUATION

LIST ALL OTHER COLLEGES ATTENDED, DATES ATTENDED, AND ANY DEGREES EARNED
