Nicholls State University Department of Nursing Master of Science in Nursing (MSN)

Application Checklist

Thank you for your interest in the MSN Program at Nicholls State University. Once the Graduate School application is completed, submit all additional MSN program specific application documents in a single envelope (mailing address listed below). Mark off completed checklist items then sign and date. Checklist must be included in your MSN application packet.

☐ Graduate School application complete		
Graduate School application fee paid		
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	uate) sent directly to Nicholls State University Office of Admis	sions
Letter of Good Standing, if transferring from ar	nother graduate program	
Additional MSN program specific documents to	o be included in envelope:	
Completed MSN Application for Admissi	sionform	
Valid, unencumbered Louisiana Registere	red Nurse license (printed copy from LSBN web site)	
Current Resume		
Two (2) Letters of Recommendation		
Letter of Intent / Purpose		
Type Name		
Signature	Data .	1
	Date	
After Acceptance		
Once accepted, graduate students will also be	required to submit the following. Specific information/i	instructions
regarding these requirements will be provided	d by the Graduate Coordinator.	
* A Background Check		
* Proof of RN Liability Insurance	L FND DAMIND	
NOTE: Applicants accepted into eith insurance that covers Nurse Practiti	her FNP or PMHNP concentration must obtain liability	
* AHA (American Heart Association) BCLS ce		
* A health and physical examination	er timeation for freattieure i rovidersi	
* Documentation of required immunization	ons	
* Proof of health insurance		
I have read and understand the additional requirem	nents that must be provided once admitted to the MSN ${\mathfrak g}$	orogram.
Type Name		
Signature	Date]
		J
Submit Packet to:		

Nicholls State University Dept. of Nursing Attn: Graduate Coordinator P. O. Box 2143 Thibodaux, LA 70310