

**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
- ☐ All official transcripts (undergraduate and graduate) sent directly to Nicholls State University Office of Admissions
- ☐ Letter of Good Standing, if transferring from another graduate program
- ☐ Additional MSN program specific documents to be included in envelope:
 - ☐ Completed MSN Application for Admission form
 - ☐ Valid, unencumbered Louisiana Registered Nurse license (printed copy from LSBN web site)
 - ☐ Current Resume
 - ☐ Two (2) Letters of Recommendation- emailed directly from the Recommender to the MSN Administrative Coordinator 2, Mrs. Kelly Orgeron, at kelly.orgeron@nicholls.edu
 - ☐ Letter of Intent / Purpose

Type Name

Signature _____ Date

After Acceptance

Once accepted, graduate students will also be required to submit the following. Specific information/instructions regarding these requirements will be provided by the Graduate Coordinator.

- * A Background Check
- * Proof of RN Liability Insurance
NOTE: Applicants accepted into either FNP or PMHNP concentration must obtain liability insurance that covers Nurse Practitioner Students.
- * AHA (American Heart Association) BCLS certification for Healthcare Providers.
- * A health and physical examination
- * Documentation of required immunizations
- * Proof of health insurance

I have read and understand the additional requirements that must be provided once admitted to the MSN program.

Type Name

Signature _____ Date

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

Established: 10/12
Revised: 6/13; 2/14; 7/14;
2/19; 9/2026