

APPLICATION FEE WAIVERS

There are a variety of ways to obtain an application fee waiver:

Current Simmons degree-seeking students or alumnae/i of the Simmons Undergraduate College or a Simmons Graduate School	Exempt from paying the application fee, with the exception of the DPT Bridge and DNP Advanced Standing applications
Attendee of an on-campus School of Health Sciences Information Session	Fee waiver form is provided at the Information Session and should be completed and included with your application materials when you apply
Know a Simmons School of Health Sciences Graduate	That person may recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> returning it to you to submit with your application materials when you apply
Know a Simmons School of Health Sciences preceptor for one of your clinical classes	May recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> (see below), and returning it to you to submit with your application materials when you apply
If the application fee is a financial hardship for you	Send a letter from the Office of Financial Aid on letterhead stationery from the college or university you are currently attending that verifies your inability to pay this fee
Student of a college or university that has an articulation agreement with the School of Health Sciences	The application fee is waived. To learn which U.S. undergraduate institutions have such agreements with SHS, visit http://www.simmons.edu/shs/admission/articulation.shtml .
Employee of an agency or hospital	Contact your Human Resource Office or the Finance Office of your workplace to determine if an articulation agreement with SHS exists



SIMMONS

ACADEMIC YEAR: 2010-2011

Application Deadline:
(NOT POSTMARK DATE)
February 1, 2010 for summer 2010 entry

Admission decisions will be mailed after the application deadline.

SIMMONS COLLEGE
School of Health Sciences (SHS)
300 The Fenway
Boston, MA 02115-5898
Phone: 617-521-2605
Fax: 617-521-3137
Email: shs@simmons.edu

TOEFL Code: 3761
FAFSA Code: 002208

OPTIONAL INFORMATION

The School of Health Sciences seeks to attract students from all racial and ethnic groups in our society; to enhance diversity for the benefit of the educational experience of all students. If you are a U.S. citizen or permanent resident of the U.S., you may, but are not required to identify yourself as a member of any such group listed below. This information will remain confidential. The information will be used only for equal opportunity (notification of specific scholarships) and research purposes. Refusal to complete this section will **not** negatively affect your candidacy.

- American Indian or Alaskan Native
- Asian
- Black or African American (non-Hispanic)
- Hispanic/Latino/a
- Native Hawaiian or other Pacific Islander
- White (non-Hispanic)
- Other-Please specify:

SOCIAL SECURITY NO.*

** Your Social Security number is requested for identification purposes only. Disclosure of your social security number is voluntary on your part as an applicant to the College. If you do not wish to disclose your Social Security number, this nondisclosure will not negatively affect your candidacy for admission. However, it is required if you are a U.S. citizen applying for financial aid (loans only).*

Application | A APPLICATION FOR ADMISSION – DIRECT ENTRY NURSING SIMMONS COLLEGE ACADEMIC YEAR 2010-2011

Please use the same name in the same order on all correspondence. Do not submit application materials in binders or bound booklets. **All applicants for admission must submit all materials in one packet, including all items on the Application Checklist Page N. Please carefully review that page.**

Application Deadline: (NOT POSTMARK DATE) February 1, 2010 for summer 2010 entry

REQUIRED INFORMATION

Have you previously applied to the School of Health Sciences (formerly the School for Health Studies?)

No Yes

If so, when? _____ Which program? _____ Under what name? _____

I am applying via an articulation agreement between the School of Health Sciences and my institution (provide name) _____

Applying for Financial Aid (low-interest loans for U.S. citizens only)? Yes No

Intend to live on campus? Yes No

Name: Last (Family or Surname) First (Given) Middle Former

Permanent Mailing Address: Street

City State, Province Foreign Country Postal Code

Permanent Phone Number (area / country / city code / number)

Current or temporary mailing address (if different from above)

City State, Province Foreign Country Postal Code

Temporary Phone Number

Inclusive Dates: (month, day, year, to month, day, year of temporary mailing address)

Email Address (our primary form of communication) Fax Number

Date of Birth (month, day, year) Male/Female Country of Birth

Country of Citizenship First Language

A _____
Resident Alien Number Visa type (if in possession of a visa now)

Note: All non-U.S. Students with F-1 or J-1 visas must be enrolled full time each semester.

ATTESTATION OF TRUTHFULNESS

I hereby certify that the information contained in this application and in any supplemental materials which I submit, is factually accurate and honest as of the date submitted. **I have reported all post secondary attendance and have submitted all required educational documents.** I further assert that this material is for the sole use by Simmons College in determining my suitability for admission. I understand that application materials become the property of Simmons College and cannot be returned to me. If accepted and I matriculate, I am subject to the academic rules and regulations of Simmons College and to the ethical standards and conduct as a student and in my clinical workplace consistent with professional practice as interpreted by the College. **I understand that any misrepresentation will be cause for withdrawal of my application, denial of admission, or cancellation of enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.**

SIGNATURE OF APPLICANT

DATE OF APPLICATION (month, day, year)

REQUIRED INFORMATION (continued)

Name: Last (Family or Surname)

First (Given)

EDUCATIONAL HISTORY

List all undergraduate and graduate schools attended (including study abroad), **whether or not a degree was earned, regardless of when courses were taken, or if they are not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit.** Official transcripts from all institutions must be enclosed in signed and sealed envelopes and included in the application packet. **Do not** open these envelopes before submission to this office as this will render the transcripts as unofficial.

Please list first your current school or the one where you received your most recent degree.

College/University	City/State/County	Dates of Attendance Month/Year	Diploma Certificate or Degree Received and Date Awarded	Degree and Academic Discipline

RESUME

Attach a resume which includes the following (list the most recent information for each category):

- Academic Information** including all undergraduate and graduate institutions attended. If a degree was conferred, indicate date of degree and type of degree granted.
- Employment Information** including name and address of employer, dates of employment, nature of work or title.
- Health Care Volunteer or Observational Experiences** including name and address of site, nature of the experience, and length of experience.
- Experiences which Demonstrate Community Involvement** including name and address of site, nature of the experience, and length of experience.

PERSONAL STATEMENT

Please write and submit a one or two page essay addressing the following topic; write the essay topic and your name at the top of the page. Describe a personal, academic, or work experience and the consequences that had a major effect on your development as a leader. Explain why the experience was so significant. Do not submit an essay about why you want to become a nurse.

LETTERS OF RECOMMENDATION

List names, titles, and affiliations of the three people whom you will ask to provide recommendations. Recommendations should be from employers, college faculty, or others who know you on a professional or academic basis. If currently or recently employed, you should ask a supervisor for a recommendation. You are applying to a professional program so carefully select individuals who will write references. **If the SHS recommendation form is not used, the writer must submit a recommendation on official letterhead stationery. Photocopies, faxes or recommendations from family or friends are not acceptable. Recommendations should be enclosed in signed and sealed envelopes and included in the application packet. All recommendations will be acknowledged by the School of Health Sciences.**

- _____
- _____
- _____

REQUIRED INFORMATION (continued)

Name: Last (Family or Surname)

First (Given)

CURRENT/FUTURE ENROLLMENT

Please indicate below the courses you are currently enrolled in or plan to enroll in during the next academic term, or prior to enrollment at Simmons, if accepted.

Course Name and Number	Credits	Institution	Dates of Enrollment

Standardized Test Scores: Tests should be taken at least two or three months in advance of the deadline in order for official scores to arrive on time at Simmons College. It takes 4-6 weeks for us to receive official score reports. Official scores from The Educational Testing Service (ETS) are required. Copies of student score reports are not acceptable. Please note that the GRE is no longer required but the TOEFL is required. See below.

TOEFL (Test of English as a Foreign Language)

Applicants whose first language is not English must submit official TOEFL scores taken within two years prior to the application deadline. The TOEFL requirement is based on native language, not citizenship. No other English proficiency exam will be accepted. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries only. Student score reports are not acceptable.

A minimum score of 550 (paper-based) or 230 (computer-based,) or 88 (internet-based) is required.

TOEFL taken: No Yes

Date taken: _____ Date to be taken: _____
(month, year) (month, year)

Scores requested from ETS: No Yes

G.P.A. INSTRUCTIONS and SAMPLE

CALCULATION OF PREREQUISITE AND OVERALL GRADE POINT AVERAGE

An important consideration in the application evaluation process is your prerequisite science grade point average (GPA) as well as your undergraduate and graduate GPAs. Your careful completion of the GPA grids on the next page is very important. **Failure to do so will significantly impede the processing of your application; this page will be returned to you for completion.** You may find it helpful to request an extra copy of your transcript(s) in order to have the information available to complete the prerequisite GPA calculations.

Please note that courses should be reported in semester hours. If your courses were taken in a quarter-hour system, it is assumed that the conversion factor is .75, i.e., one quarter hour equals .75 of a semester hour. Three quarters may be required to meet the two semester requirement, usually six credits. For example, a course worth 4-quarter hours equals 3 semester hours (4 x .75=3). Some institutions use a unit system where one unit equals 4 semester hours. Institutions also vary in the number of quality points awarded per grade, so check with your institution.

If a course is outstanding, (i.e., will not be completed by the application deadline) write the date of expected completion in the sem/yr column.

ILLUSTRATION OF PREREQUISITE GPA CALCULATION

All science prerequisites must include labs for each term and should have been completed within the ten years prior to the application deadline. Audit or pass/fail courses, AP or IB exam scores and CLEP are not acceptable, since grades are needed to calculate a GPA.

Required Courses	Course Taken	Institution	Sem./Yr.	# Sem. Credit Hrs.	Grade	Quality PT/Grade	TOTAL Qual Pts
Inorg. Chem.	Chem. 154	Wheaton	Spring '07	1 Unit = 4 Sem. Hrs.	A-	3.67	14.68
Org. Chem.	Chem. 213	Salem State	Fall '07	4	B+	3.30	13.20
Microbiology.	MLS1145	UCSB	Winter '07	4 qtrs. = 3 Sem. Hrs.	B-	2.67	8.01
Micro. Lab	MLS1245	UCSB	Winter '07	1 qtr. = .75 Sem. Hr.	C+	2.33	1.75
Anat/Physio 1	Bio 131	Quincy	Fall '07	3	A	4.00	12.00
Anat/Physio 11	35-102	U.MA.	Spring '08	3	BC	2.50	7.50
Hum. Anat.							
Hum. Phys.							
TOTAL				17.75			57.14

PREREQUISITE SCIENCE GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \frac{57.14}{17.75} = 3.22$

ILLUSTRATION OF OVERALL GPA CALCULATIONS

Undergraduate institutions attended (whether or not a degree or certificate was earned or if courses are not relevant to nursing)

Institution	Total Credits	Total Quality Point
Simmons	132	450.50
Quincy College (summer courses)	6	18.0

Overall Undergraduate GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \frac{468.50}{138} = 3.39$ GPA

Graduate institutions attended (whether or not a degree or certificate was earned or if courses are not relevant to nursing)

Institution	Total Credits	Total Quality Points
Tufts	36	129.6

Overall Graduate GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \frac{129.6}{36} = 3.60$ GPA

REQUIRED INFORMATION (continued)

Name: Last (Family or Surname)

First (Given)

PREREQUISITE SCIENCE/OVERALL GPA

Your careful completion of this section is very important. **Failure to do so will significantly impede the processing of your application; this page will be returned to you if it is not completed.** You may find it helpful to request unofficial transcripts to complete this form. Refer to the instructions on the previous Page D to complete this section. All required courses must have been completed in the past ten consecutive years.

PREREQUISITE SCIENCE COURSES/GPA

Please complete the grid below. All science courses must include labs. Please also list labs if you received a separate grade; include in calculation. All courses must have been completed in the ten years prior to the application deadline. Audit or pass/fail courses, CLEP, AP and IB scores are not acceptable. Animal anatomy and or physiology do **not** fulfill our requirement. Include repeated and failed courses in the GPA. **Convert to a semester system if needed before calculating.**

Required Science Courses	Course Taken	Institution	Sem./Yr. Completed	# Sem. Credit Hrs.	Grade	Quality Point Value	TOTAL Qual Pts
Inorganic Chem							
Organic Chem.							
Microbiology							
Anat/Physio I							
Anat/Physio II							
or Human Anat.							
Human Physio							
TOTALS							

Prerequisite GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ GPA}$

DO NOT INCLUDE THE COURSES BELOW IN THE CALCULATION ABOVE.

Non-Science Prerequisites	Course Taken	Institution	Sem/Yr. Completed	# Credits Sem. Hrs.	Grade
Dev. Psychology*					
Statistics					

* Course content must span the birth to death cycle.

OVERALL UNDERGRADUATE GPA

(List all undergraduate institutions attended whether or not a degree or certificate was earned or if courses are not relevant to nursing and include in the overall GPA calculation.)

Institution **Total Credits** **Total Quality Points**

Overall Undergraduate GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ GPA}$

OVERALL GRADUATE GPA

(List all graduate institutions attended whether or not a degree or certificate was earned or if courses are not relevant to nursing and include in the overall GPA calculation.)

Institution **Total Credits** **Total Quality Points**

Overall Graduate GPA: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ GPA}$

CERTIFICATION OF FINANCES: REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)
 June 2010 – August 2011

Name of applicant: Last (Family or Surname) _____ First (Given) _____ Former _____

ESTIMATED STUDENT EXPENSES: (NOTE THAT COSTS INCREASE EACH YEAR)

Academic Program	Tuition*	Housing & Food	Fees & Health Insurance	Books & Supplies	Personal**	Total First Year Costs
Health Care Administration	\$29,580 USD (30 credits)	\$13,500	\$3,200	\$1,200	\$6,000	\$53,480 USD
Nursing(Direct Entry)	\$57,760 US (47 credits)	\$13,500	\$3,200	\$1,400	\$6,000	\$61,130 USD
Nursing(RN)	\$35,340 (38 credits)			\$1,200	\$6,000	\$53,480 USD
Nutrition (MS.)	\$28,830 USD (31 credits)	\$13,500	\$3,200	\$1,240	\$6,000	\$54,506 USD
Physical Therapy	\$33,480 USD (36 credits)	\$13,500	\$3,200	\$1,480	\$6,000	\$60,662 USD
Dietetic Internship	\$11,160 US (12 credits)	\$13,500	\$3,200	\$ 480	\$6,000	\$35,012 USD

*\$986, US per credit hour for '09-2010, subject to change for 2010-2011

**Includes allowance for transportation

STATEMENT FROM BANK OR OTHER FINANCIAL AGENCY

This is to certify that (print name of sponsor or self-supporting student) _____

whose signature appears herein, has ample funds (specify amount U.S. \$ _____) to meet the yearly expenses

of (print name of student) _____. This certification does not constitute a statement of liability on my

part or that of the firm or bank I represent.

Bank Representative. Name (please print) _____

Bank Representative. Signature _____

Street _____ City _____ State _____

Country _____ Postal Code _____

Telephone Number: Country/City or Area Code/Number _____

Fax Number: Country/City or Area Code/Number _____

Email: _____

Please place bank Seal or stamp here

Date _____
 month/day/year

APPLICANT: I certify that the information on this form is correct and complete.

Signature of Applicant _____ Given (First Name) _____ Family or Surname (Last) _____ Date (month/day/year) _____

If the bank section is not completed and signed, a separate bank letter stating the availability of sponsor funds in U.S. dollars (equal to or greater than costs listed here), written in English, is acceptable. It should bear a current date, original inked signature and stamp or seal. No photocopies or facsimiles are acceptable. A letter from the sponsor verifying that such funds will be used for educational expenses must also be submitted.

RECOMMENDATION FORM, PAGE I

REQUIRED INFORMATION

To be completed by the applicant. Please type or print:

Name: Last (Family or Surname)	First (Given)	Middle	Former
Address: Street	City	State/Country	Postal Code
Email Address			

This recommendation is to be: (applicant must check one)

Non-Confidential. I reserve the right to review this form at a later date.

Confidential. I waive my right to review this form.

Signature	Date (month/day/year)
-----------	-----------------------

To be completed by the person making the recommendation:

Name	Title/Position		
Firm/Institution			
Address: Street	City	State/County	Postal Code
Email Address (our primary form of communication)	Telephone (area/country/city code and number)		

Please assist the Simmons Nursing Department in accurately determining the prospective student's qualifications as related to her/his professional objectives.

1. In what capacity have you known the applicant?

2. How long have you known the applicant?

RECOMMENDATION FORM, PAGE 2

Name of applicant: Last (Family or Surname)

First (Given)

Please rate the applicant on the qualities listed below by circling the appropriate rating.

Acceptance of Feedback (e.g. seeks opportunities for feedback, receives feedback without becoming defensive, applies feedback to performance, is able to critique own performance accurately)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Commitment (e.g. eagerly seeks new knowledge, seeks opportunities to improve self or organization, takes initiative)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Communication Skills (e.g. writes and speaks clearly and in an organized manner, uses appropriate tone of voice, is able to make a point concisely and logically)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Effective Time Management (e.g. meets deadlines, is prompt, collaborates in setting schedules for completing work with others)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Interpersonal Skills (e.g. is respectful, cooperative, confident, non-judgmental, a careful listener, works well with others)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Problem-Solving and Critical Thinking Skills (e.g. raises relevant questions, applies information logically, demonstrates intuitive as well as analytical thinking)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Professionalism (e.g. has a positive attitude, is mature, honest, ethical)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Responsibility (e.g. fulfills commitments, accepts responsibility for actions and outcomes)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Please provide additional comments on the applicant's principal strengths, professional potential, and her/his capacity for graduate study in this discipline. Please write these comments on letterhead stationery and sign the letter. We encourage you to include any additional information which you feel would be helpful to the Admission Committee.

X

Signature

Date (month, day, year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

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Application | N APPLICATION FOR ADMISSION – DIRECT ENTRY NURSING

SIMMONS COLLEGE ACADEMIC YEAR 2010-2011

APPLICATION CHECKLIST

REQUIRED INFORMATION

Please include this checklist in the application packet. Please use the same name in the same order on all correspondence.

Name: Last (Family or Surname) First (Given) Middle Former

Enclosed are	Submitted Separately
<input type="checkbox"/> Academic Transcripts (including the most recently-completed academic term) <input type="checkbox"/> Application Checklist (this page) <input type="checkbox"/> Application Fee (\$50.00) or Fee Waiver (if applicable) * (non-refundable check payable to Simmons College) <input type="checkbox"/> Application Form <input type="checkbox"/> Certification of Finances – (non-U.S. citizens) <input type="checkbox"/> Personal Statement <input type="checkbox"/> Proof of U.S. citizenship if you were born abroad (Copy of U.S. passport or other documentation) Faxes are not legible <input type="checkbox"/> Resume <input type="checkbox"/> Three recommendations (on official letterhead stationery in signed, sealed envelopes) *Fee waiver information is available on the second page of this application.	<input type="checkbox"/> TOEFL Score If English is not your first language, TOEFL is required and no other proficiency exam will be accepted. Scores within two years of the application deadline are required. Please be certain to take the TOEFL 2-3 months in advance of the deadline to assure that we receive an official score on time. Student score reports are not acceptable. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries only .

List all institutions attended, whether or not a degree was awarded.

School	Diploma, Certificate or Degree Granted (if any)	Academic Major	Years of Attendance/ Graduation
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			

List all references (submit in separate sealed and signed envelopes)

(Name) _____

(Name) _____

(Name) _____

OPTIONAL SURVEY (This is for research purposes only.)

We would appreciate the completion of the following survey. Please check how you learned about the Simmons Direct Entry Nursing Program. Check more than one if applicable. This information is for research only.

<input type="checkbox"/> Advertisement (radio or print – station or publication and date)	<input type="checkbox"/> Professional Directory (which one)
<input type="checkbox"/> Faculty Member at another school Name –	<input type="checkbox"/> Recruitment Event (date and place)
<input type="checkbox"/> Info Session (date)	<input type="checkbox"/> Simmons Admission Staff (who)
<input type="checkbox"/> NLN Directory	<input type="checkbox"/> Simmons Email Notice
<input type="checkbox"/> NLN Web Site	<input type="checkbox"/> Simmons Faculty (who)
<input type="checkbox"/> Peterson's Guide	<input type="checkbox"/> Simmons Graduate (who)
<input type="checkbox"/> Workplace	<input type="checkbox"/> Simmons Student (who)
<input type="checkbox"/> Other	<input type="checkbox"/> Simmons Web Site
	<input type="checkbox"/> Referral from a friend /colleague

To what other colleges and universities have you applied or are planning to apply? (This information is for research purposes only.)
