



# SIMMONS

ACADEMIC YEAR: 2007-2008

**Application Deadlines:**  
(NOT POSTMARK DATE)  
**Masters Program/C.A.G.S.:**  
November 1 for Spring 2007 entry  
June 1 for Fall 2007 entry  
**C.A.G.S./Family only:**  
March 1 for Summer 2007 entry

**Admission decisions will be mailed after the application deadline.**

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

GRE Code: 3761-0619  
TOEFL Code: 3761  
FAFSA Code: 002208

**OPTIONAL INFORMATION**  
The School for Health Studies 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
- Hispanic/Latino/a
- Native Hawaiian or other Pacific Islander
- White
- 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—Graduate Nursing

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

### REQUIRED INFORMATION

Have you previously applied to the School for Health Studies? yes no

If so, when? \_\_\_\_\_ Which program? \_\_\_\_\_ Under what name? \_\_\_\_\_

Applying for Financial Aid (low-interest loans for U.S. citizens only) yes no

Intend to live on campus yes no

Applying for: Fall (Sept.) 2007 Summer (May) 2008 ( C.A.G.S./Family only)  
Spring (Jan.) 2008

Please specify: Part-Time (U.S. citizens only) Full-Time

Please select the desired program: (Note: C.A.G.S. is a post-master's certificate)

RN-M.S. B.A./B.S.N.-M.S. RN-M.S. and C.A.G.S. B.S.N.-M.S. and C.A.G.S.

RN/B.S.N.-M.S. (currently a non-degree (special) student applying for regular status)

C.A.G.S./ N.P. C.A.G.S./Occupational Health(September entry only)

C.A.G.S./Family concentration (May entry only)C.A.G.S./Oncology(September entry only)

Dual-degree with Harvard School for Public Health in (select one) Maternal-Child Occupational Health

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 of 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. Upon my acceptance and matriculation, 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 may be cause for denial or cancellation of admission and enrollment.

SIGNATURE OF APPLICANT

DATE OF APPLICATION (month, day, year)



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | B

### Application for Admission—Graduate Nursing

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 sent directly to the Office of Admission of the School for Health Studies.** Be certain that the School for Health Studies is clearly indicated to avoid materials being sent to one of the five other offices of admission at Simmons. (See address on Page A)

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

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

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

#### Personal Statement

On a separate page, (no more than 500 words) please describe a meaningful experience you have had which has affected your professional goals and growth. Please explain the impact of this experience which does not need to be related to nursing. Please focus on the educational experience and not why you think you would be a good nurse. Include your name on the top of each page.

#### 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. If the SHS recommendation form is not used, the writer must submit a recommendation on official letterhead stationery. Photocopies and faxes are not acceptable. **These recommendations should be mailed directly to the Office of Admission of the School for Health Studies (see address on page A). If these recommendations are submitted by the applicant, they must be enclosed in signed and sealed envelopes. All recommendations will be acknowledged by the School for Health Studies.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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



SIMMONS  
ACADEMIC YEAR 2007-2008

Application | C  
Application for Admission—Graduate Nursing  
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	Credits	Institution	Dates of Enrollment

Standardized Test Scores(NOTE: Tests should be taken at least 2 or 3 months in advance of the application deadline in order for official scores to arrive on time at Simmons College).Official scores from the Educational Testing Service (ETS) are required. Copies of student score reports are not acceptable.

Graduate Record Exam (GRE) must have been taken within the last five years (GREs are not required for C.A.G.S. applicants)

Graduate Record Exam Taken: \_\_\_\_Yes \_\_\_\_No

Date taken:\_\_\_\_\_(month, year) Date will take:\_\_\_\_\_(month, year)

Scores requested from ETS: \_\_\_\_Yes \_\_\_\_No

As an RN, I will attempt to waive the GRE by achieving a minimum grade of B in NUR 404, Normal and Abnormal Human Physiology, which is offered **only** in September and must be completed either prior to applying or if accepted provisionally. \_\_\_\_ Yes \_\_\_\_ No

As an anticipated or recent B.S.N. graduate, I plan to take the R.N. exam (indicate date):\_\_\_\_\_

Applicants whose first language is not English must submit official TOEFL (Test of English as a Foreign Language) scores taken within the past two years. The TOEFL requirement is based on native language, not citizenship. TOEFL does not replace GRE; both are required.

A minimum score of 570 (paper-based), 230 (computer-based), or 88 (internet-based) is required.

TOEFL taken: \_\_\_\_Yes \_\_\_\_No

Date taken:\_\_\_\_\_(month, year) Date to be taken:\_\_\_\_\_(month, year)

Scores requested from ETS: \_\_\_\_Yes \_\_\_\_No



# SIMMONS

ACADEMIC YEAR 2006-2007

## Application | D Application for Admission – Graduate Nursing

### INSTRUCTIONS

#### Calculation of Grade Point Averages

An important consideration in the application evaluation process is your grade point average (GPA) in nursing and science courses as well as your undergraduate and graduate studies. **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.** You may find it helpful to request an extra copy of your transcripts in order to complete the GPA calculations.

Please note that GPAs 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.

**NOTE: Three separate GPAs are required: a. all science courses completed (not just those illustrated below; do not include social science courses) b. all nursing courses completed. C. overall GPAs for both undergraduate and graduate (if applicable). See page F. Prerequisite courses must have been taken in the past ten years. No audit or pass/fail courses are acceptable.**

#### Illustration of Science GPA Calculation

Courses	Course Taken	Institution	# credits		Quality Grade	TOTAL	
			Sem/Yr	Sem. Hrs.		PT/Grade	Qual Pts
Inorg. Chem.	Chem. 154	Wheaton	Spring '04	1 Unit = 4 Sem. Hrs.	A-	3.67	14.68
Org. Chem.	Chem. 213	Salem State	Fall '04	4	B+	3.30	13.20
Microbiology.	MLS1145	UCSB	Winter '04	4 qtrs. = 3 Sem. Hrs.	B-	2.67	8.01
Micro. Lab	MLS1245	UCSB	Winter '04	1 qtr. = .75 Sem. Hr.	C+	2.33	1.75
Anat/Physio I	Bio 131	Quincy	Fall '04	3	A	4.00	12.00
Anat/Physio II	35-102	U.MA.	Spring '05	3	BC	2.50	7.50
Hum. Anat.							
Hum. Phys.							
<b>TOTAL</b>				<b>17.75</b>			<b>57.14</b>

$$\text{SCIENCE GPA: } \frac{\text{TOTAL QUALITY POINTS}}{\text{TOTAL CREDITS}} = \frac{57.14}{17.75} = 3.22$$

#### Illustration of Overall GPA Calculation

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

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

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

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



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | E

### Application for Admission—Graduate Nursing: REQUIRED INFORMATION CONTINUED

Name: Last (Family or Surname)

First (Given)

A statistics course must be completed before taking our research methods course. Also, a course in health assessment in the area of concentration (adult or pediatrics) must be completed before beginning the primary care sequence. Indicate below if you have completed these courses.

Prerequisite Courses	Course Taken	Institution	Sem/Yr.	Grade
Statistics				
Health Assessment				

Your careful completion of this section is very important. Failure to do so will significantly impede the processing of your application. Refer to the instructions on Page D to complete this section. Using the sample table format below, attach separate pages of paper and provide one table for all science courses you have completed and another table for all nursing courses you have completed. Include your name at the top of each page.

Nursing Courses	Course Taken	Institution	Sem/Yr. Completed	# Credits (in sem. hrs.)	Quality Point Grade	Total Value	Quality Pts.

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

Provide the science and nursing GPAs below. Include your name at the top of each page.  
Total Credits

Science GPA: \_\_\_\_\_ Nursing GPA: \_\_\_\_\_

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

Institution	Total Credits	Total Quality Points

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

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



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | F

### Program Options—Graduate Nursing

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Name: Last (Family or Surname)

First (Given)

Select one of the following concentrations:

**Adult Primary Care**

**Parent-Child Primary Care**

**Family Primary Care\***

Adult Health

Children with Special Health Care Needs

Gerontologic Health

Pediatric Health

Occupational Health

School Health

Women's Health

Select one of the following program choices:

Master's Program for Nurses with their Bachelor's or B.S. in Nursing or related field (B.A./B.S.N.-M.S.)

Master's Program for RNs without their Baccalaureate (RN-M.S.)

Master's Program for Practicing Nurse Practitioners

Post-Master's Nurse Practitioner Certificate of Advanced Graduate Study (C.A.G.S.) for M.S.N.s who wish to become NPs (NP certification)

Post-Master's Nurse Practitioner Certificate of Advanced Graduate Study (C.A.G.S.) in Family Health for M.S.-prepared Adult or Pediatric Nurse Practitioners

Post-Master's Certificate of Advanced Graduate Study (C.A.G.S.) in Occupational Health

Dual-Degree Program in Maternal-Child Health (must also apply to the Harvard School of Public Health)

Dual-Degree Program in Occupational Health (must also apply to the Harvard School of Public Health)

\*This concentration requires the completion of additional courses beyond the M.S. degree, culminating in a Certificate of Advanced Graduate Study (C.A.G.S.). You must indicate, on the first page of this application, C.A.G.S. in Family Health in order to be considered for admission to this program therefore, please also check the Post-Master's Nurse Practitioner C.A.G.S. in Family Health on the chart above.





# SIMMONS

SCHOOL FOR HEALTH STUDIES  
300 The Fenway - Boston, MA 02115-5898  
ACADEMIC YEAR 2007-2008

## Application | H

**CERTIFICATION OF FINANCES: REQUIRED ONLY FOR  
INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)**

**September 2007 - May 2008**

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

### ESTIMATED STUDENT EXPENSES: ACADEMIC YEAR 2007-2008 (Note that costs increase each year. Total costs based on 12 month enrollment.)

Academic Program	Tuition*	Housing & Food	Fees & Health Insurance	Books & Supplies	Personal**	Total First Year Costs
Health Care Administration	\$19,090 US (23 credits)	\$17,940	\$1,810	\$ 805	\$6,240	\$45,885 US
Nursing	\$32,370 US (39 credits)	\$17,940	\$1,810	\$1,365	\$6,240	\$59,725 US
Nutrition	\$25,730 US (31 credits)	\$17,940	\$1,810	\$1,085	\$6,240	\$52,805 US
Physical Therapy	\$29,880 US (36 credits)	\$17,940	\$2,310	\$1,260	\$6,240	\$57,630 US
Dietetic Internship	\$9,960 US (12 credits)	\$11,960	\$1,440	\$ 420	\$6,240	\$30,020 US
	*\$830, US per credit hour for '06-'07, subject to change for '07-'08				**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.*



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | I REQUIRED INFORMATION Recommendation Form Page 1 - Graduate Nursing

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 under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect and review this form. I certify this waiver was given by me.

DATE (month, day, year)	SIGNATURE
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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 Graduate Nursing Program in accurately determining the prospective student's qualifications as related to her/his professional objectives.

1. In what capacity have you known the applicant?

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2. How long have you known the applicant?

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# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | J Recommendation Form Page 11 - Graduate Nursing

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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**

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Signature

Date (month, day, year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and mail it directly to the Office of Admission, School for Health Studies, 300 The Fenway, Boston, MA 02115-5898. Thank you. Your thoughtful comments are greatly appreciated.



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | K

### REQUIRED INFORMATION

#### Recommendation Form Page 1 - Graduate Nursing

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 under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect and review this form. I certify this waiver was given by me.

DATE (month, day, year)	SIGNATURE
-------------------------	-----------

To be completed by the person making the recommendation:

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

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

- In what capacity have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How long have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | L

### Recommendation Form Page 11 - Graduate Nursing

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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)

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

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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 mail it directly to the Office of Admission, School for Health Studies, 300 The Fenway, Boston, MA 02115-5898. Thank you. Your thoughtful comments are greatly appreciated.*



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | M REQUIRED INFORMATION Recommendation Form Page 1 - Graduate Nursing

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 under the Family Educational Rights and Privacy Act of 1974 as amended, to inspect and review this form. I certify this waiver was given by me.

DATE (month, day, year)	SIGNATURE
-------------------------	-----------

To be completed by the person making the recommendation:

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

Please assist the Simmons Graduate Nursing Program 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?




# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | N

### Recommendation Form Page 11 - Graduate Nursing

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%)

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

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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 mail it directly to the Office of Admission, School for Health Studies, 300 The Fenway, Boston, MA 02115-5898. Thank you. Your thoughtful comments are greatly appreciated.*



# SIMMONS

ACADEMIC YEAR 2007-2008

## Application | O

### Application Checklist - Graduate Nursing

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

NAME: LAST (Family or Surname) MIDDLE FIRST (Given) FORMER

#### Enclosed are:

- Application Checklist (page O)
- Application Fee (\$50.00)  
(non-refundable check payable to Simmons College)
- Application Form (pages A - F)
- Certification of Finances Form (pages G and H) - **(non-U.S. citizens)**
- Evidence of RN licensure -**Notarized copy**
- Personal Statement
- Resume
- Proof of U.S. citizenship if you were born abroad (Copy of U.S. passport)

#### Submitted Separately

- Academic Transcripts (including the most recently-completed academic term)
- GRE Scores (taken at least 2-3 months in advance of deadline but within past 5 years)
- TOEFL Score (if English is not your first language taken at least 2-3 months in advance of deadline but within past 2 years))
- Three Recommendations (pages I-N)

#### 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Recommendation Forms (Written on letterhead stationery and submitted in sealed and signed envelopes; sent directly to the Office of Admission of the School for Health Studies)

- (Name) \_\_\_\_\_
- (Name) \_\_\_\_\_
- (Name) \_\_\_\_\_

#### Optional Survey (This is for research purposes only.)

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

- Advertisement (radio or print - publication and date) \_\_\_\_\_
- Faculty Member at another school  
Name - \_\_\_\_\_
- Gradschools.com Web Site
- Info Session (date) \_\_\_\_\_
- NLN Directory
- NLN Web Site
- Peterson's.com Web Site
- Peterson's Guide
- Workplace \_\_\_\_\_
- Other \_\_\_\_\_
- Professional Directory (which one) \_\_\_\_\_
- Recruitment Event (date and place) \_\_\_\_\_
- Simmons Admission Staff (who) \_\_\_\_\_
- Simmons Email Notice
- Simmons Faculty (who) \_\_\_\_\_
- Simmons Graduate (who) \_\_\_\_\_
- Simmons Student (who) \_\_\_\_\_
- Simmons Web Site
- Word of Mouth \_\_\_\_\_