

SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

APPLICATION FOR ADMISSION 2009 – 2010

Graduate Nursing (R.N. to M.S.)

APPLICATION DEADLINES

June 1 for September 2009 entry

November 1 for January 2010 entry

March 1 for May 2010 entry (C.A.G.S. Family Health only)

All admission decisions will be sent **after** each designated deadline date



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 <u>recommend you for an</u> 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
Student of a college or university that has an articulation agreement or arrangement 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 Resources Office or the Finance Office of your workplace to determine if an articulation agreement with SHS exists



SIMMONS

ACADEMIC YEAR: 2009-2010

Application Deadlines:
(NOT POSTMARK DATE)

Jun. 1 for Sept. 2009 entry
Nov. 1 for Jan. 2010 entry
Mar. 1 for May 2010 entry
(C.A.G.S. Family Health only)

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. You may, but are not required to, identify yourself as a member of one of the groups below. 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 –GRADUATE NURSING (R.N. to M.S.)

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Please use the same name in the same order on all correspondence. Do not submit application materials in binders or bound booklets. Please carefully review the Application Checklist on Page N and include this checklist with your application.

REQUIRED INFORMATION

Have you previously applied to the School of Health Sciences? 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

I am applying via a special arrangement with my employer (indicate hospital/institution)

Applying for: Fall (Sept.) 2009 Spring (Jan.) 2010 Summer (May) 2010 (C.A.G.S./Family Health only)

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

Please select the desired program:

- R.N.-M.S. B.A./B.S.N.-M.S. R.N.-M.S. and C.A.G.S. B.S.N.-M.S. and C.A.G.S.
- R.N./B.S.N.-M.S. (currently a non-degree student applying for regular status)
- B.S.N.-M.S. (via Simmons accelerated undergraduate option)
- Dual-degree with Harvard School for Public Health in (select one)
 - Maternal-Child Health Occupational Health
- C.A.G.S. (select one)
 - Family Health (May only) Oncology (Sept. only) Primary Care

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 Dates of temporary address (month/day/year to month/day/year)

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 postsecondary 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 Applications (month/day/year)

Application | B APPLICATION FOR ADMISSION – GRADUATE NURSING (R.N. to M.S.)

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

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:

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. List most recent employment first.
3. **Health Care Volunteer or Observational Experiences** including name and address of site, nature of the experience, and length of experience. List most recent experience first.
4. **Experiences which Demonstrate Community Involvement** including name and address of site, nature of the experience, and length of experience. List most recent experience first.

PERSONAL STATEMENT

Please write and submit a one- or two-page essay addressing the following topic: write the topic and your name at the top of each 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.

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. These individuals should not represent a single facility or institution. If currently or recently employed, you should ask a supervisor for a recommendation. **These recommendations should be enclosed in signed/sealed envelopes and included in the application packet.** If the SHS recommendation form is not used, the writer must submit a recommendation on official letterhead stationery. **Photocopies and recommendations from family or friends are not acceptable. All recommendations will be acknowledged by the School of Health Sciences.**

1. _____

2. _____

3. _____

To what other colleges and universities have you applied or are planning to apply?

(This information is for research purposes only)

Application | C APPLICATION FOR ADMISSION – GRADUATE NURSING (R.N. to M.S.)

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

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 Course Number	Credits	Institution	Dates of Enrollment

STANDARDIZED TEST SCORES

Tests should be taken at least two months in advance of the application 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 from ETS (Educational Testing Service). Copies of student score reports are not acceptable.

Although the GRE is no longer required, the TOEFL (Test of English as a Foreign Language) is required. 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 postsecondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries only. Official scores from ETS are required. A minimum score of 550 (paper-based) or 230 (computer-based,) or 88 (internet-based) is **required**.

TOEFL taken: Yes No

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

Scores requested from ETS: Yes No

CONCENTRATION

Please select one of the following concentrations:

Adult Primary Care

- Adult Health
- Gerontologic Health
- Occupational Health
- Women's Health

Parent-Child Primary Care

- Children with Special Health Care Needs
- Pediatric Health
- School Health

R.N. LICENSURE

I obtained my R.N. license in (indicate state) _____ on (indicate date) _____

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

Application | D APPLICATION FOR ADMISSION – GRADUATE NURSING (R.N. to M.S.)

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Name: Last (Family or Surname)

First (Given)

CALCULATION OF GRADE POINT AVERAGE (G.P.A.)

An important consideration in the application evaluation is the grade point average (G.P.A.) of your undergraduate and/or graduate studies. Your careful completion of the G.P.A. sections is very important. **Failure to do so will significantly impede the processing of your application; the 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 G.P.A. calculations. **Include all repeated or failed courses.** Pass/fail or audit courses, AP (Advanced Placement), IB or CLEP scores are not acceptable in place of grades.

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. The number of required quarter terms may depend on the course content and if it meets our requirement. Please note that institutions vary in the number of quality points awarded per grade; check the transcript. If a course is outstanding, (i.e., will not be completed by the application deadline) write the date of expected completion in the semester/year column.

ILLUSTRATION OF G.P.A CALCULATION FOR ALL NURSING APPLICANTS

Required Courses	Course Taken	Institution	Semester/Year	Number of Semester Credit Hours	Grade	Quality Points/Grade	TOTAL Quality Points
Inorg. Chem.	Chem. 154	Wheaton	Spring '06	1 Unit = 4 Sem. Hrs.	A-	3.67	14.68
Org. Chem.	Chem. 213	Salem State	Fall '06	4	B+	3.30	13.20
Microbiology	MLS1145	UCSB	Winter '05	4 qtrs. = 3 Sem. Hrs.	B-	2.67	8.01
Micro. Lab	MLS1245	UCSB	Winter '05	1 qtr. = .75 Sem. Hr.	C+	2.33	1.75
Anat/Physio 1 OR Human Anatomy	Bio 131	Quincy	Fall '06	3	A	4.00	12.00
Anat/Physio 11 OR Human Physio	35-102	U.MA.	Spring '07	3	BC	2.50	7.50
TOTAL				17.75			57.14

G.P.A.: $\frac{\text{TOTAL QUALITY POINTS}}{\text{TOTAL CREDITS}} = \frac{57.14}{17.75} = 3.22 \text{ G.P.A.}$

ILLUSTRATION OF OVERALL G.P.A. CALCULATIONS FOR ALL APPLICANTS UNDERGRADUTE

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 Points
Simmons	132	450.50
Quincy College (summer courses)	6	18.0

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

GRADUATE

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 G.P.A.: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \frac{129.6}{36} = 3.60 \text{ G.P.A.}$

Application | E APPLICATION FOR ADMISSION – GRADUATE NURSING (R.N. to M.S.)
SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Name: Last (Family or Surname) _____ First (Given) _____

A statistics course must be completed **before** taking our research methods course. Also, an undergraduate course in health assessment in the area of concentration (adult or pediatrics) must either have been completed within 5 years prior to the application deadline at a regionally accredited U.S. institution or be completed before beginning the primary care sequence. Indicate below if you have completed these courses; no pass/fail or audit courses, AP(Advanced Placement), IB or CLEP scores are not acceptable in place of grades.

Prerequisite Courses	Course Taken	Institution	Semester/Year	Grade
Statistics				
Health Assessment				

Refer to the instructions on Page D to complete this section. Using the sample format below, **attach a separate page of paper and provide a table for all the nursing courses you have completed.** Write your name at the top of all pages. Transfer the nursing G.P.A. to the table below; also insert your overall undergraduate and/or graduate G.P.A. in the designated section at the bottom of this page. Include only courses designated as nursing, not science courses that were required for your undergraduate degree. **Include all repeated or failed courses in the G.P.A. calculation.**

Nursing Course	Course Taken	Institution	Semester/Year Completed	Number of Credits (in semester hours)	Quality Points/Grade	Total Value	Quality Points

Undergraduate Nursing G.P.A.: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ G.P.A.}$

Overall Undergraduate G.P.A.

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 G.P.A.: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ G.P.A.}$

Overall Graduate G.P.A.

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 G.P.A.: $\frac{\text{Total Quality Points}}{\text{Total Credits}} = \text{_____ G.P.A.}$

Application | G APPLICATION FOR ADMISSION – GRADUATE NURSING (R.N. to M.S.)

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

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

September 2009 – August 2010

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)	\$37,030 US (35 credits)	\$13,500	\$3,200	\$1,400	\$6,000	\$61,130 USD
Nursing(RN)	\$29,580 (30 credits)			\$1,200		\$53,480 USD
Nutrition(MS,)	\$30,566 USD (31 credits)	\$13,500	\$3,200	\$1,240	\$6,000	\$54,506 USD
Physical Therapy	\$36,482 USD (37 credits)	\$13,500	\$3,200	\$1,480	\$6,000	\$60,662 USD
Dietetic Internship	\$11,832 US (12 credits)	\$13,500	\$3,200	\$480	\$6,000	\$33,012 USD

*\$986, US per credit hour

**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 1

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 (our primary form of communication)

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.

I certify this waiver was given by me.

Applicant Signature _____ Date (month/day/year) _____

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?

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.

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, and 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, nonjudgmental, 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) _____

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RECOMMENDATION FORM PAGE 1

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 (our primary form of communication)

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.

I certify this waiver was given by me.

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

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)		

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1. In what capacity have you known the applicant?

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RECOMMENDATION FORM PAGE 2

Name of applicant: Last (Family or Surname)

First (Given)

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Signature

Date (month/day/year)

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To be completed by the person making the recommendation:

Name _____ Title/Position _____

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First (Given)

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Date (month/day/year)

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Application | N APPLICATION FOR ADMISSION – GRADUATE NURSING (R.N. to M.S.)

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

APPLICATION CHECKLIST

REQUIRED INFORMATION

Please include this checklist with the Application Form. Please use the same name in the same order on all correspondence.

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

Enclosed	Submitted Separately
<input type="checkbox"/> Official Academic Transcripts (including the most recently-completed academic term, in signed, sealed envelopes) <input type="checkbox"/> Application Fee (\$50.00) or Fee Waiver, if applicable (Nonrefundable check payable to Simmons College) * <input type="checkbox"/> Application Form <input type="checkbox"/> Application Checklist (this page) <input type="checkbox"/> Personal Statement and resume <input type="checkbox"/> Three letters of recommendation in unopened, signed and sealed envelopes <input type="checkbox"/> Certification of Finances Form (non-U.S. citizens) <input type="checkbox"/> A notarized copy of your R.N. license <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.) * See second page for information about application fee waivers.	<input type="checkbox"/> TOEFL Score (if English is not your first language; taken within two years prior to the application deadline) If English is not your first language, TOEFL is required and no other proficiency exam will be accepted. Scores within the past two years 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. 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 postsecondary 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			

RECOMMENDATION FORMS (Sent in separate sealed, signed envelopes: faxes or photocopies are not acceptable)

- (Name) _____
- (Name) _____
- (Name) _____

OPTIONAL SURVEY (This is for research purposes only.) We would appreciate the completion of the following survey. Please indicate how you learned about the Simmons Graduate Nursing Program. Check more than one if applicable.

<input type="checkbox"/> Admission Staff Member (who)	<input type="checkbox"/> Simmons Faculty (who)
<input type="checkbox"/> Advertisement (radio or print -publication and date)	<input type="checkbox"/> Simmons Graduate (who)
<input type="checkbox"/> Email	<input type="checkbox"/> Simmons Student (who)
<input type="checkbox"/> Graduate Nursing Alumnus (who)	<input type="checkbox"/> Simmons Web Site
<input type="checkbox"/> Info Session (date)	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Recruitment Event (date and place)	<input type="checkbox"/> Workplace
<input type="checkbox"/> Other	