



FRANCES PAYNE BOLTON  
SCHOOL OF NURSING

CASE WESTERN RESERVE  
UNIVERSITY

## APPLICATION INSTRUCTIONS

### Graduate Entry Program

|   |   |
|---|---|
| <b>Deadline for Application and Supporting Materials:</b> | <ul style="list-style-type: none"><li>• May 1st for following Fall semester (same year)</li></ul> |
|---|---|

**To complete the application process, please do the following:**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <p>1. <b>Complete the Graduate Record Examination (GRE)</b> and have official scores sent to Case Western Reserve University, Nursing Department (GRE: Institute code: 1105; SON code 0610)</p> <p>The GRE examination is preferred. However, the Admission Committee is willing to review scores from the Miller Analogy Test (MAT) and scores from professional admission tests such as the MCAT (see Frequently Asked Questions section of Graduate Entry DNP website for more information about admission tests).</p> <p>MAT: <a href="http://www.milleranalogies.com">www.milleranalogies.com</a></p> <p>GRE: <a href="http://www.gre.org">www.gre.org</a></p> <p>Case ETS Testing Center: <a href="http://studentaffairs.case.edu/education/">http://studentaffairs.case.edu/education/</a></p> <ul style="list-style-type: none"><li>• Select “Graduate Testing Center”; there are links to the GRE and MAT websites.</li></ul> |
| <input type="checkbox"/> | <p>2. <b>Arrange for official transcripts</b> from each post-secondary college/university/school of nursing attended to be sent to the address at the end of this section.</p>   |
| <input type="checkbox"/> | <p>3. <b>Arrange for 3 recommendations</b> from persons in a position to speak to your ability to complete doctoral-level study. At least one, preferably two, should be from a faculty person who taught you in a course. Personal references will not be accepted. Complete the waiver section at the top of each Recommendation Form. Provide each person with the form and a stamped Case return envelope.</p>   |
| <input type="checkbox"/> | <p>4. <b>Complete the Graduate Entry Program application form</b></p> <p>Please remember to sign your application!</p>   |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p><b>5. Attach a resume</b></p> <p>Include employment history, military service, extracurricular activities, academic and professional awards, community service, honors, fellowships, memberships and publications</p>  |
| <input type="checkbox"/> | <p><b>6. Write an essay</b></p> <p>In one typewritten or word-processed page or less, write an essay delineating those life experiences which led you to seek preparation for professional nursing. Include a statement about your understanding of professional nursing practice (at both the RN and advanced practice levels) and, if possible, state your career objectives at this time.</p>  |
| <input type="checkbox"/> | <p><b>7. Provide the non-refundable \$75.00 application fee</b></p> <p>Your check/money order should be made payable to Case Western Reserve University.</p>  |
| <input type="checkbox"/> | <p><b>8. International Applicants</b></p> <ul style="list-style-type: none"> <li>• International applicants are expected to meet all preceding requirements. (1-7)</li> <li>• Please contact The Bolton School's Student Services to discuss your application.</li> <li>• Refer also to the Case International Student Services Office and website:<br/><a href="http://studentaffairs.case.edu/international">http://studentaffairs.case.edu/international</a></li> <li>• International applicants may be required to: <ul style="list-style-type: none"> <li>○ Take the Test of English as a Foreign Language (TOEFL):<br/><a href="http://www.ets.org/toefl/">www.ets.org/toefl/</a></li> <li>○ Provide an independent (external) evaluation of transcripts from colleges or universities attended in countries outside the United States</li> </ul> </li> </ul> |

**Please mail all required materials to the following address:**

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Donna Hassik  
Case Western Reserve University  
Frances Payne Bolton School of Nursing  
Office of Student Services  
10900 Euclid Avenue  
Cleveland, Ohio 44106-4904

**If you have questions:**

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Call 216-368-2529 or email us at [admissionsfpb@case.edu](mailto:admissionsfpb@case.edu).

**All materials submitted become the property of the School of Nursing and cannot be returned to the applicant. Any information about race, ethnicity, gender, color, national origin, religion, age, marital status, physical or mental disabilities is confidential and not used as criteria for admission decisions.**

Updated: 4/28/11



FRANCES PAYNE BOLTON  
SCHOOL OF NURSING

CASE WESTERN RESERVE  
UNIVERSITY

## APPLICATION for ADMISSION Graduate Entry Program

Please indicate your area of interest:

| MSN Majors   |   |
|--|---|
| <input type="checkbox"/> Acute Care Nurse Practitioner                       | <input type="checkbox"/> Neonatal Nurse Practitioner  |
| <input type="checkbox"/> Acute Care NP—Flight                                | <input type="checkbox"/> Nurse Anesthesia             |
| <input type="checkbox"/> Adult-Gerontology NP                                | <input type="checkbox"/> Nursing Informatics          |
| <input type="checkbox"/> Advanced Practice Adult<br>Oncology/Palliative Care | <input type="checkbox"/> Nurse Midwifery              |
| <input type="checkbox"/> Advanced Public Health Nursing                      | <input type="checkbox"/> Pediatric Nurse Practitioner |
| <input type="checkbox"/> Family Nurse Practitioner                           | <input type="checkbox"/> Women's Health NP            |
| <input type="checkbox"/> Family Systems Psychiatric Mental Health Nursing    |   |

| Joint Degrees                                  |
|--|
| <input type="checkbox"/> MSN/MA (Anthropology) |
| <input type="checkbox"/> MSN/MA (Bioethics)    |
| <input type="checkbox"/> MSN/MBA               |
| <input type="checkbox"/> MSN/MPH               |

Date of Application: \_\_\_\_/\_\_\_\_/20\_\_\_\_

To enter:  August 20\_\_\_\_

LEGAL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last Name First Name Middle Name*

ADDRESS FOR ADMISSION MAILINGS:

Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

County (if Ohio resident) \_\_\_\_\_ This address is effective until what date? \_\_\_\_\_

PERMANENT ADDRESS (if different from current address): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  Male  Female

ETHNICITY: (Optional information to be used for statistical purposes only)

|  |                                |  |
|--|--------------------------------|--|
| 1. Do you consider yourself to be Hispanic/Latino?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                        |
| 2. In addition, please select <b>one or more</b> of the following categories to describe yourself: |                                |  |
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                                 | <input type="checkbox"/> White |  |

**CITIZENSHIP:** (Check appropriate boxes and complete relevant information.)

I am a U.S. Citizen  
 I am not a U.S. Citizen       I need a Student Visa       Country of Citizenship \_\_\_\_\_  
 I have a U.S. Permanent Resident Visa      Alien Registration Number: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ I am already in the U.S. and entered on \_\_\_\_\_ (date)  
Visa Type:  F  J  Other (specify): \_\_\_\_\_ My I-94 expires on \_\_\_\_\_ (date)

**EDUCATION\*:** (List in chronological order all colleges and universities attended, including schools of nursing.)

| University/School, City/State | Dates Attended | Major | Degree | Graduation Date |
|-------------------------------|----------------|-------|--------|-----------------|
|                               |                |       |        |                 |
|                               |                |       |        |                 |
|                               |                |       |        |                 |
|                               |                |       |        |                 |
|                               |                |       |        |                 |

\*Arrange to have the Registrar of each institution send a transcript directly to the School of Nursing Office of Admissions. See address at the end of this application.

Did you work during your undergraduate education?       Yes       No

If yes, how many hours/week did you work?      \_\_\_\_\_

**COURSES:** (List below the courses that you are currently taking and courses you plan to complete prior to enrollment in the School of Nursing.)

| University or College | Semester/Quarter & Year | Department Name | Course Number | Course Title | Credit Hours |
|-----------------------|-------------------------|-----------------|---------------|--------------|--------------|
|                       |                         |                 |               |              |              |
|                       |                         |                 |               |              |              |
|                       |                         |                 |               |              |              |
|                       |                         |                 |               |              |              |
|                       |                         |                 |               |              |              |

Do you hold a license as an LPN/LVN?       Yes       No

If yes: State of Licensure: \_\_\_\_\_ License #: \_\_\_\_\_

Have you ever been convicted of a felony?       Yes       No

If yes, attach a description of the circumstances.

**Please list the names of other schools of nursing to which you are applying:**

|  |  |
|--|--|
|  |  |
|  |  |





## Recommendation Form: Doctor of Nursing Practice (DNP) Program

### Section A: To be completed by the applicant

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

- I do waive                       I do not waive my right to inspect the contents of the following recommendation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

### Section B: Information for the person serving as the applicant's reference

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Length of time you have known applicant:      From: \_\_\_\_\_ To: \_\_\_\_\_

Capacity in which you have known applicant (please check all that are applicable):

- |  |  |
|--|--|
| <input type="checkbox"/> Personally    | <input type="checkbox"/> As a professional colleague   |
| <input type="checkbox"/> As a student  | <input type="checkbox"/> As an employee                |
| <input type="checkbox"/> Only casually | <input type="checkbox"/> Other (please explain): _____ |

Place a check by one statement in each category that best represents this applicant.

#### 1. Learning Skills

- Very slow to grasp subject/work requirements; memorizes with little understanding.
- Needs to exert extra effort to demonstrate minimal understanding of subject/work requirements.
- Is about average in understanding subject/work requirements.
- Quick to grasp subject/work requirements.
- Brilliant; one of 5% of persons who shine above all others in learning subject/work requirements.
- Not able to judge.

#### 2. Intellectual Curiosity and Innovativeness

- A follower; accepts things as they are.
- Rarely asks meaningful questions or generates new ideas.
- Raises some questions and tries to set forth new ideas.
- Intellectually curious; frequently generates new ideas.
- Outstanding ability to generate new ideas; great intellectual curiosity.
- Not able to judge.

#### 3. Written Communication Skills

- Unable to express ideas clearly in writing.
- Has some trouble with logical order and grammar/punctuation.
- Uses correct grammar and punctuation but has trouble with logical order.
- Expresses ideas logically and succinctly in writing most of the time.
- Outstanding in the written expression of ideas.
- Not able to judge.

#### 4. Oral Communication Skills

- Inarticulate; ideas not presented clearly.
- Weak in oral skills including command of language and articulation.
- Articulates fairly well but order of ideas is not always logical.
- Good in articulating ideas clearly and logically.
- Very articulate; outstanding command of language.
- Not able to judge.

**5. Self Management Skills**

- Needs encouragement and structure to initiate and complete work.
- Initiates own activity but needs increased encouragement to complete work.
- Initiates own work but has difficulty accommodating feedback.
- Able to work independently while seeking and incorporating appropriate assistance; effectively accommodates feedback.
- Not able to judge.

**6. Group Skills**

- Never contributes toward group goals.
- Interferes with attainment of group goals.
- Has some difficulty as a member/leader of group.
- Often regarded as a constructive group member/leader by peers.
- Very effective as a leader/member in assisting group toward constructive goals.
- Not able to judge.

**7. Reliability**

- Neglects following through with obligations/appointments.
- Work is incomplete, carelessly done.
- Completes work carefully but with prodding.
- Meets obligations; independently most of the time.
- Thoroughly reliable; needs no supervision.
- Not able to judge.

**8. Perseverance**

- Gives up without trying.
- Becomes discouraged easily when working toward goals.
- Works on goals which are easily attainable but avoids difficult goals.
- Works toward most goals until achieved.
- Is always persistent in pursuing in all goals.
- Not able to judge.

**9. Accountability**

- Projects blame on others as reason for own actions.
- Gives excuses for own actions.
- In general accepts responsibility for own actions.
- Thoroughly accountable for own actions.
- Not able to judge.

**10. Response to Stressful Situations**

- Remains withdrawn, angry, confused, unrealistic, or depressed when under pressure.
- Has difficulty proceeding constructively.
- Tries to proceed constructively; occasionally is withdrawn or angry.
- Self-controlled, rarely loses temper or withdraws.
- Extremely well-balanced.
- Not able to judge.

**11. Ability to Make Decisions**

- Totally indecisive.
- Has difficulty analyzing problems and arriving at decisions.
- Analyzes a situation correctly but has difficulty deciding on a course of action.
- Generally competent in making decisions and taking action on them.
- Excellent in considering consequences of decisions and taking appropriate action.
- Not able to judge.

**12. Toleration of Ambiguity**

- Always requires excessive details of assignments/exams in order to meet supervisor/instructor assignments.
- Is uncomfortable in less structured situations; seeks guidance inappropriately.
- Attempts to function with less structure and seeks guidance appropriately.
- Usually can function comfortably in less structured situations.
- Functions very effectively and comfortably without a rigidly defined, externally imposed structure.
- Not able to judge.

**My overall evaluation of this person as an applicant is:**

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Do Not Recommend
- Undecided

*(Briefly explain any decision besides "Strongly Recommend.")*

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*Other additional comments may be appended. Thank you.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to complete this reference.  
Please return to:**

Office of Admissions  
 School of Nursing  
 Case Western Reserve University  
 10900 Euclid Avenue  
 Cleveland, Ohio 44106-4904



## Recommendation Form: Doctor of Nursing Practice (DNP) Program

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Name: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Length of time you have known applicant:              From: \_\_\_\_\_ To: \_\_\_\_\_

Capacity in which you have known applicant (please check all that are applicable):

- |  |  |
|--|--|
| <input type="checkbox"/> Personally    | <input type="checkbox"/> As a professional colleague   |
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- Never contributes toward group goals.
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*(Briefly explain any decision besides "Strongly Recommend.")*

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