

**CHRISTINE E. LYNN COLLEGE OF NURSING
MASTERS DEGREE ADMISSION MATERIALS CHECKLIST**

NAME _____ Z# _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

MASTERS TRACK _____ CAMPUS _____

SEMESTER Fall Spring Summer YEAR _____

The items below must be checked before sending your application to the College of Nursing. Note that the BS-MS Program requirements are slightly different. Items that are italicized are documents and/or links to applications that are accessible online. Only complete applications will be considered.

All applicants must complete the tasks below:

- _____ I have submitted the *Christine E. Lynn College of Nursing Graduate Application*.
- _____ I have attached my *Resume or CV* (in format as provided online).
- _____ I have sent the Christine E. Lynn College of Nursing an official copy of my GRE scores if my GPA is below a 3.0.
- _____ I have attached a three page written essay describing my Philosophy of Nursing following the *Guidelines for Philosophy of Nursing Statement and Reference Letters* provided online.
- _____ I have enclosed two sealed letters of recommendation following the *Guidelines for Philosophy of Nursing Statement and Reference Letters* provided online.
- _____ I have attached a copy of my current license as a Registered Nurse
- _____ I agree to initiate the background check process as required and outlined online as soon as admitted to the master's nursing program and prior to enrolling in courses.

All applicants EXCEPT BS-MS Dual Degree must complete the task below:

- _____ I have completed the *FAU Online University Graduate Application*
- _____ I have sent **one** set of my official transcripts **to the FAU Graduate Admissions Office**
- _____ I have attached one unofficial set of transcripts (FAU Graduates included)

BS-MS Dual Degree Students ONLY must complete the task below:

- _____ I have visited my College of Nursing program advisor and have attached a signed advisement sheet.

I have completed all the tasks in the checklist above and am submitting my application for consideration to the FAU Christine E. Lynn College of Nursing.

Signature _____ **Date** _____