

MUSC College of Nursing Accelerated BSN/MSN Graduate Track Request Form

Name: _____

Address: _____

Phone Number: _____ Email: _____

Please list your choice or choices of Masters tracks, 1=first choice, 2=second choice, 3=third choice, etc. Please select as many tracks as you want. Also, please indicate if you plan to complete the master's portion of the program on a full or part-time basis by completing the line after the track.

| | <u>Full or Part-Time</u> |
|--|---------------------------------|
| _____ Adult Nurse Practitioner | _____ |
| _____ Adult CNS (<i>Clinical Nurse Specialist</i>) | _____ |
| _____ Family Nurse Practitioner | _____ |
| _____ Gerontological Nurse Practitioner | _____ |
| _____ Gerontological CNS (<i>Clinical Nurse Specialist</i>) | _____ |
| _____ Neonatal Nurse Practitioner (Part-time Only) | _____ |
| _____ Nurse Midwifery (Part-time Only) | _____ |
| _____ Nurse Educator | _____ |
| _____ Nursing Administration (Part-time Only) | _____ |
| _____ Pediatric Nurse Practitioner | _____ |
| _____ Pediatric CNS (<i>Clinical Nurse Specialist</i>) | _____ |
| _____ Psychiatric-Mental Health Nurse Practitioner | _____ |
| _____ Psychiatric-Mental Health CNS (<i>Clinical Nurse Specialist</i>) | _____ |

For students admitted in the fall, this form and your essay are due by June 1st
and should be submitted to the College of Nursing, Office of Student Services, Room 216.
Also, your official GRE scores should be submitted to the Office of Enrollment Services.

For students admitted in the spring, this form and your essay are due by Sept 15th
and should be submitted to the College of Nursing, Office of Student Services, Room 216.
Also, your official GRE scores should be submitted to the Office of Enrollment Services.

| | | |
|---|------------------------|-----------|
| For use by Office of Student Services: _____ Date request rcvd. _____ | | |
| GPA _____ | Date essay rcvd. _____ | GRE _____ |