

# Application for Admission

ENTRY-LEVEL MASTER OF SCIENCE IN NURSING (ELMSN)  
MSN – CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)  
MSN – FAMILY NURSE PRACTITIONER (FNP)  
MSN – CASE MANAGEMENT  
MASTER OF OCCUPATIONAL THERAPY

Premier Health Sciences since 1909

Please make a copy of this application before submitting it to Samuel Merritt University. This copy should be retained for your records.

**APPLICATION CHECKLIST**

To be considered for an interview, send the following documents in one envelope by the priority application deadline to: **Samuel Merritt University, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609.**

- Completed application for admission
- Copies of all college transcripts\* (please include legends if available)
- \$50 non-refundable application fee
- Completed goal statement
- Completed prerequisite worksheet
- GRE (CRNA only) score. Not required for other programs.
- Test of Essential Academic Skills (TEAS). ELMSN applicants only. The minimum composite score required is 78.7; we will not 'round' scores. The minimum score will be adjusted on June 1 of each year. Because the scores are adjusted every June 1, your test date will determine the minimum score required. Sub-section scores may be established in the future. The TEAS is used as part of the application review process. Therefore, all applicants must have TEAS scores on file by the application deadline date. Applications will not be reviewed without a TEAS score.
- Copy of RN license (CRNA, FNP and Case Management only)
- Copy of ACLS and PALS certification (CRNA only)
- TOEFL score (if applicable). There are three statements regarding the use of the English language on the application designed to help us assess the need for a TOEFL. If an applicant responds to any one of these statements with a language other than English, the Test of English as a Foreign Language (TOEFL) will be required with a minimum score of 100 or higher (Internet Based TOEFL). A copy of your TOEFL score must be included with your application and an official score will be required later. The University may ask a student, regardless of academic background, length of time in the U.S., or country of citizenship or permanent residency, to take the TOEFL. This is an admission policy.
- Letter(s) of reference. Please duplicate form as needed.
- International Transcripts. All foreign academic transcripts must be evaluated by a U.S. evaluation service that is a member of the National Association of Credential Evaluations Services (NACES) for degree, course content, semester unit equivalencies, and science and cumulative GPAs prior to the application deadline. Information on NACES may be found at [www.naces.org](http://www.naces.org).

\* Applications may be reviewed using unofficial transcripts, but official documents are preferred and will be required for accepted students prior to the start of classes.

**LETTERS OF REFERENCE:**

*Program specific requirements*

**MOT** Two letters are required; one from an occupational therapist who supervised you as a paid or volunteer worker in an active clinical setting.

**FNP AND CASE MANAGEMENT** Two letters are required; one should address your academic preparedness for graduate study. The other letter should attest to your clinical expertise. Suggested references are RNs or other health care professionals.

**CRNA** A minimum of three letters are required. Two must be from individuals who can attest to your current level of clinical expertise in critical care nursing. The remaining letter may address this same content or may address your academic preparedness for graduate study.

**ENTRY-LEVEL MSN** Two letters are required and should address academic preparedness for graduate study and potential as a nurse. Suggested references are RNs or other health care professionals (not relatives), a supervisor at a current or previous place of employment, current or previous professors, and/or other persons who know you well through paid or volunteer work.

**PRIORITY APPLICATION DEADLINES**

MASTER OF SCIENCE IN NURSING*	
<b>FNP</b> Summer Enrollment	January 15
<b>CRNA</b> Fall Enrollment	December 1
<b>ELMSN</b> Spring Enrollment (Sacramento)	July 1
Fall Enrollment (Oakland)	January 15
<b>CASE MANAGEMENT</b> Fall Enrollment	January 15
Spring Enrollment	October 1
Summer Enrollment	March 1

**DOCTOR OF PHYSICAL THERAPY\***  
The DPT program at Samuel Merritt University participates in the Physical Therapist Centralized Application Service, (PTCAS). Applicants must apply online at [www.ptcas.org](http://www.ptcas.org). **Do not complete this application.**

**MASTER OF OCCUPATIONAL THERAPY\***  
The application filing period extends from November 1 through July 31 for the next fall entering class. Applications are processed on an on-going basis and early applications are encouraged.

**MASTER PHYSICIAN ASSISTANT**  
The MPA program at Samuel Merritt University participates in the Centralized Application Service for Physician Assistants (CASPA). Applicants must apply online at [www.caspaonline.org](http://www.caspaonline.org). **Do not complete this application.**

**DOCTOR OF PODIATRIC MEDICINE\***  
The DPM program at Samuel Merritt University participates in the central application service of the American Association of Colleges of Podiatric Medicine Application Service (AACPMAS). For an application, contact AACPMAS at [www.aacpm.org](http://www.aacpm.org) or by phone at 800.922.9266. **Do not complete this application.**

\* Applications may be accepted after the deadline on a space-available basis

# Application for Admission

SAMUEL MERRITT UNIVERSITY

Please type or print clearly with a pen.

For which degree program and term are you applying?

<input type="checkbox"/> <b>MASTER OF SCIENCE IN NURSING</b>	
<input type="checkbox"/> Entry-Level MSN <input type="checkbox"/> Case Management <input type="checkbox"/> Family Nurse Practitioner	FALL 20 ____ (Oakland Campus)    SPRING 20 ____ (Sacramento Regional Learning Center)
<input type="checkbox"/> Post-Professional Case Management	FALL 20 ____    SPRING 20 ____    SUMMER 20 ____
<input type="checkbox"/> Family Nurse Practitioner	SUMMER 20 ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Post-Master's
<input type="checkbox"/> Certified Registered Nurse Anesthetist	FALL 20 ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Post-Master's <input type="checkbox"/> 3-Year Option
<input type="checkbox"/> <b>MASTER OF OCCUPATIONAL THERAPY</b>	FALL 20 ____
<input type="checkbox"/> <b>OTHER</b>	

Have you previously applied for admission to Samuel Merritt University?     Yes     No

If yes, for what term? \_\_\_\_\_

How did you hear about Samuel Merritt University? \_\_\_\_\_

Who or what influenced you to apply for admission? \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_     Mr.     Ms.

Name(s) that appear on educational records (if different from above) \_\_\_\_\_

Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_    Alternate phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email (please note that email is generally the primary method of communication with applicants)

\_\_\_\_\_

Preferred mailing address \_\_\_\_\_<sup>STREET</sup>

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Please respond to each of the following questions/statements.**

Are you a citizen or permanent resident of the U.S.?     Yes     No    If no, what country? \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No    If yes, explain on a separate sheet.

Please state the **ONE** language you use most often for spoken (verbal) communication \_\_\_\_\_

Please state the **ONE** language you use most often for written communication \_\_\_\_\_

Please state the **ONE** language you are most comfortable reading \_\_\_\_\_

Other languages which you speak (please indicate the language and whether you are fluent or conversant)

\_\_\_\_\_

**EMERGENCY INFORMATION** (required)

Person to notify in case of an emergency

NAME \_\_\_\_\_

Address <sup>STREET</sup> \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

**ETHNIC BACKGROUND** (optional)

The following information is not used in the admission decision. It will be used only for statistical purposes and planning.

Do you consider yourself to be of Hispanic/Latino origin?

Yes  No

Which of the following best describes your race? Please check one or more races.

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or other Pacific Islander
- White

**EDUCATIONAL BACKGROUND**

In chronological order, please list all colleges or universities attended and degrees attained (attach separate sheet if needed). Failure to list all colleges or universities renders this application incomplete and may be sufficient reason for denial of admission or disqualification.

COLLEGE/UNIVERSITY	LOCATION	DATES OF ATTENDANCE	MAJOR	DEGREE

**Please provide details about your bachelor's degree:**

Degree received from: \_\_\_\_\_

Date of degree: \_\_\_\_\_ Type of degree:  BA  BS  Other: \_\_\_\_\_

**Do you have any of the following licenses or certifications?**

ACLS  LVN  RN  PALS  CNA  EMT  Other: \_\_\_\_\_

Has any state board ever denied or revoked your license?  Yes  No If yes, explain on a separate sheet.

For CRNA applicants only, have you ever been enrolled in a nurse anesthesia program?  Yes  No

For ELMSN applicants only, are you currently or have you ever been enrolled in a nursing program?  Yes  No  
 If yes, two additional written statements are required. The first must address your reasons for wishing to transfer nursing programs. The second statement must be from the Dean or Director of your previous nursing program indicating that you are academically and personally eligible to continue in their nursing program. Your application will not be processed without these two statements.

**TEST SCORE INFORMATION**

TOEFL score (if applicable) \_\_\_\_\_ Date taken \_\_\_\_\_

GRE score (CRNA only) Date taken \_\_\_\_\_  
VERBAL QUANTITATIVE ESSAY

TEAS score (ELMSN only) Date taken \_\_\_\_\_  
ADJUSTED INDIVIDUAL TOTAL SCORE READING MATH SCIENCE ENGLISH

**PROFESSIONAL OR VOLUNTEER WORK EXPERIENCE**

On a separate sheet of paper, please describe your professional or volunteer work experiences. We are particularly interested in recent (within the past five years) experiences that are related to health care and have contributed to your interest in your chosen field of study. If you feel a current resume adequately addresses this, please feel free to include a copy.

**SERVICE, LEADERSHIP AND CONTINUING PROFESSIONAL DEVELOPMENT**

On a separate sheet of paper, please elaborate on any community or school activities and whether you held any leadership roles in these activities. Please describe any academic honors or awards received, relevant continuing education courses, publications, research or other special or unique experiences, etc. that you would like us to consider in evaluating your application. Please indicate by checking the appropriate box whether you are including a statement or whether there is no relevant information included.

- Enclosed  Not Enclosed

**GOAL STATEMENT**

Please write an essay (two pages maximum) answering the following questions and attach it to your application:

**MOT Applicants**

Why do you wish to become an occupational therapist? How do you envision yourself contributing to the profession?

**MSN Applicants (FNP and Case Management)**

Why do you wish to undertake graduate study (i.e. main areas of clinical study and/or health issues you wish to pursue, specific focuses within this area, outcomes you wish in relation to your identified area of clinical study, facilitating your career goals, etc.)? Why are you and this program a good match?

**CRNA Applicants**

Describe your motivations for becoming a CRNA. What on-site observational experience have you had with a professional anesthesia provider and why have you selected Samuel Merritt for your professional study?

**Entry-Level Master of Science in Nursing**

Why do you wish to undertake graduate study in nursing? Why are you and this program a good match? Please address your specific interest in either Case Management or Family Nurse Practitioner.

**SIGNATURE**

I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of admission or program disqualification.

SIGNATURE

DATE

Return application, non-refundable fee, writing sample, letter(s) of recommendation and copies of all transcripts in one envelope to: Samuel Merritt University, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609.

**Please make a copy of this application before submitting it to Samuel Merritt University. This copy should be retained for your records.**

**GRADE POINT AVERAGE CALCULATIONS AND COURSE REPEAT POLICY**

GPA's will be calculated as required for each program. Please note:

- GPA's are calculated using a 4.0 scale.
- If a course has been repeated, only the most recent grade is used in the GPA.

**OUR COMMITMENT TO YOUR RIGHTS**

We are committed to your rights as a student and as an applicant to Samuel Merritt University. Therefore, we take seriously and adhere to the following policies:

**Non-Discrimination Policy**

Samuel Merritt University does not discriminate on the basis of sex, age, race, color, ethnic or national origin, handicap, religion, marital status, sexual orientation or status as a Vietnam-era veteran in the administration of employment, admission, financial aid, athletic or educational programs.

**Family Educational Rights and Privacy Act of 1974**

FERPA, or the Buckley Amendment, is a federal law designed to protect the privacy of a student's educational record. Without specific, written permission from you, the applicant to Samuel Merritt University, we will not discuss your application for admission with any other individual, except as provided within this Act.

# Prerequisite Worksheet

Please type or print clearly with a pen.

SAMUEL MERRITT UNIVERSITY

ENTRY-LEVEL MASTER OF SCIENCE IN NURSING

Applicant name \_\_\_\_\_

Prerequisites must have been completed at an accredited college/university, with a grade of “C–” or better, when letter grades are assigned. Science prerequisites must have been offered by a science department or designated for health profession majors. Prerequisite coursework in progress or planned must be included on this worksheet. As a guideline, all coursework should be transferable to the University of California. If any changes are made to courses in progress or planned, please contact the Office of Admission. Changes may effect an offer of admission.

**GENERAL STUDIES:** English literature, English composition, interpersonal communication (public speaking is not acceptable), general sociology or cultural anthropology, social science elective, statistics, life span human development or life span psychology, nutrition.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

**SCIENCES:** Human anatomy with lab, human physiology with lab, microbiology with lab, chemistry with lab (4 semester units minimum required).

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

# Prerequisite Worksheet

Please type or print clearly with a pen.

SAMUEL MERRITT UNIVERSITY

MASTER OF SCIENCE IN NURSING  
CRNA, FNP, AND CASE MANAGEMENT

Applicant name \_\_\_\_\_

Prerequisites must have been completed at an accredited college/university, with a grade of “C–” or better, when letter grades are assigned. Science prerequisites must have been offered by a science department or designated for health profession majors. Prerequisite coursework in progress or planned must be included on this worksheet. As a guideline, all coursework should be transferable to the University of California. If any changes are made to courses in progress or planned, please contact the Office of Admission. Changes may effect an offer of admission.

## CRNA APPLICANTS

**CHEMISTRY:** 6–8 semester units; with content to include inorganic chemistry and a second chemistry course in either organic or biochemistry.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

**STATISTICS:** 3 semester units.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

**PHYSICS:** An introductory/survey course is highly recommended.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

## FNP AND CASE MANAGEMENT APPLICANTS

**STATISTICS:** 3 semester units.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

# Prerequisite Worksheet

Please type or print clearly with a pen.

SAMUEL MERRITT UNIVERSITY

MASTER OF OCCUPATIONAL THERAPY

Applicant name \_\_\_\_\_

Prerequisites must have been completed at an accredited college/university, with a grade of “C–” or better, when letter grades are assigned. Science prerequisites must have been offered by a science department or designated for health profession majors. Prerequisite coursework in progress or planned must be included on this worksheet. As a guideline, all coursework should be transferable to the University of California. If any changes are made to courses in progress or planned, please contact the Office of Admission. Changes may effect an offer of admission.

**GENERAL STUDIES:** English composition, English literature, public speaking\*, general psychology, abnormal psychology, developmental psychology, statistics, 2 additional social science courses (i.e. sociology, anthropology, ethnic studies).

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

**SKILLS OR CRAFTS:** Three Dimensional: beading, ceramics, sewing, tile mosaics, etc. In lieu of a course, students may submit a portfolio documenting extensive skill and participation in a particular craft area.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

**PHYSICS:** Basic or introductory\*.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

**BIOLOGICAL SCIENCES:** One general biology course, human anatomy\*, human physiology\*.

COURSE NUMBER / TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE

\* Courses are highly recommended but not required.



# Letter of Reference

SAMUEL MERRITT UNIVERSITY

Please type or print clearly with a pen.

**TO THE APPLICANT:** Depending on which program you are applying to, please duplicate this form as needed. Your letters of reference (in a sealed envelope with the signature of the person writing the reference across the seal of the envelope) may accompany your application (preferred) or may be sent directly from the reference to Samuel Merritt University. You are responsible for making sure all references are received in a timely manner.

Applicant name \_\_\_\_\_

Program for which you are applying \_\_\_\_\_

**TO THE REFERENCE:** This reference is confidential and will be used only in the admission process as additional information about the applicant. It will be destroyed before the student's permanent file is compiled. There are two parts to this letter of reference. The provided table allows you to rate the applicant in relation to his/her peers on a variety of characteristics. Additionally, we would request that you provide a letter on the applicant's behalf (letters done on a computer are preferred). Please return this reference letter to the applicant in a sealed envelope (sign name across seal of the envelope) to include with his/her application. You may also mail the reference directly to: Samuel Merritt University, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609.

How long have you known the applicant and in what capacity? \_\_\_\_\_

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**PART 1:** In relation to her/his peers, please rate the applicant on the following characteristics:

	EXCEPTIONAL TOP 10%	ABOVE AVERAGE TOP 25%	AVERAGE TOP 50%	BELOW AVERAGE LOWER 10%	UNKNOWN
Academic preparation					
Motivation and commitment to learning					
Discipline and ability to set priorities					
Interpersonal skills ( <i>cultural sensitivity, empathy</i> )					
Oral communication skills					
Leadership abilities					
Critical thinking					
Clinical expertise ( <i>if applicable</i> )					
Nursing potential (ELMSN only)					
Integrity					

OVER PLEASE

**PART 2:** Please use a computer for this letter. While you are welcome to address any areas you wish, we would find information on the following areas to be of the most help to us.

- The applicant’s interpersonal skills, especially communication, leadership, and ability to function in an interdisciplinary manner with others
- Information about the applicant’s strengths, qualifications, traits and/or accomplishments that you feel significantly demonstrates his/her ability to be successful in a competitive and rigorous program
- Discuss the applicant’s potential to be a competent, caring, and ethical health care professional
- The applicant’s clinical expertise and judgment (if applicable)
- The applicant’s theoretical knowledge base for the type of critical care nursing he/she practices (for CRNA applicants only)

On the basis of your knowledge of the applicant, please indicate the strength of your recommendation:

- Enthusiastically recommend
- Recommend
- Do not recommend

SIGNATURE		DATE	
TYPED OR PRINTED NAME		TITLE	
SCHOOL/ORGANIZATION		WORK PHONE	
WORK EMAIL			

# Letter of Reference

SAMUEL MERRITT UNIVERSITY

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Discipline and ability to set priorities					
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Oral communication skills					
Leadership abilities					
Critical thinking					
Clinical expertise ( <i>if applicable</i> )					
Nursing potential (ELMSN only)					
Integrity					

OVER PLEASE

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On the basis of your knowledge of the applicant, please indicate the strength of your recommendation:

- Enthusiastically recommend
- Recommend
- Do not recommend

SIGNATURE	DATE
TYPED OR PRINTED NAME	TITLE
SCHOOL/ORGANIZATION	WORK PHONE
WORK EMAIL	

# SAMUEL MERRITT UNIVERSITY

## **MISSION**

Samuel Merritt University educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

## **VISION**

Samuel Merritt University will become nationally recognized as a premier, multi-specialty health sciences institution. Expert faculty and staff will shape an inclusive learning environment where all students experience best teaching practices and state of the art learning approaches. The University will select and support students who will flourish in its rigorous academic programs, learn to practice expertly, and pass licensure or certification examinations on first attempt.

## **VALUES**

A *learning* environment where we challenge ourselves and our students to think critically, seek mastery, and act compassionately;

A *collegial* environment where we are fair, respectful, and behave with integrity;

A *collaborative* environment where we partner with one another and with others in the community;

An *innovative* environment where we take reasoned risks and move nimbly;

A *results-oriented* environment where we provide and expect exceptional performance and service.



06/09

## SAMUEL MERRITT UNIVERSITY

**Office of Admission**

370 Hawthorne Avenue  
Oakland, CA 94609

PHONE 800.607.6377  
PHONE 510.869.6576

FAX 510.869.6525  
EMAIL [admission@samuelmerritt.edu](mailto:admission@samuelmerritt.edu)

[www.samuelmerritt.edu](http://www.samuelmerritt.edu)