Your application will be reviewed when all required documentation is received in the Admissions Office. Partially completed applications will not be processed.

To be considered for enrollment in graduate courses offered by Franciscan Missionaries of Our Lady University, the following information is required:

I. A completed application for admission and the $50.00 non-refundable application fee.

II. Official transcripts

   MSN Applicants: Provide official transcripts of all previous academic work attempted beyond high school. Transfer credit posted on records of other institutions is unacceptable.

   Doctor of Nursing Practice: Nurse Anesthesia Program-(DNP-NA) Applicants: Provide official transcripts of all previous academic work beyond high school. Transfer credit posted on records of other institutions is unacceptable.

   PA Applicants: Provide official transcripts of all previous academic work attempted beyond high school. Transfer credit posted on records of other institutions is unacceptable. Provide a photo of yourself (passport size) and adhere to application at instructed area.

   MHA Applicants: Provide official transcripts of all previous academic work attempted beyond high school. Transfer Credit posted on records of other institutions is unacceptable.

III. GRE Test Scores

   The GRE must have been taken within five (5) years prior to the application date.

IV. Graduate Program Reference Forms (PA, MSN-FNP, & DNP-NA only)

   Three (3) references are required to complete the application. (For the PA Program, references must include one from a licensed PA, a previous employer, and a past College professor or advisor.)

V. Professional Goal Statement

   Minimum of one (1) typed page that describes your career goals and your reasons for pursuing the Master of Science in Nursing – Family Nurse Practitioner Degree.

VI. Proof of Licensure (MSN and DNP-NA Applicants Only)

VII. BLS/CPR Card

VIII. Immunization Record

IX. Acknowledgement Form of MSN-FNP Core Performance Standards for Admission and Progression
CHECKLIST

Please attach this completed checklist with your application.

Name: _____________________________________________________________

I. _____$50.00 Non – refundable application fee and Completed Application
   (Check or money order payable to Franciscan University)

II. _____Request official transcripts from all academic institutions attended and send to:

   Franciscan Missionaries of Our Lady University
   Office of Admission
   5414 Brittany Drive
   Baton Rouge, Louisiana 70808

III. ____Request Graduate Record Examination Scores (taken within 5 years) (College
     must receive official scores from Educational Testing Services, our code is 6452)

IV. ____Three references utilizing the reference form (One reference must be from a current
     immediate supervisor)

V. ____Professional Goal Statement (minimum of one (1) typed page in length) that describes your
   career goals and your reasons for pursuing the Master of Science in Nursing – Family Nurse
   Practitioner Degree.

VI. ____Proof of Licensure
   (Photo-copy License and write or stamp the word “copy” on License)

VII. ____BLS/CPR Card

VIII. ____Immunization Record

IX. ____ Signed Core Performance Standards