The University of Iowa
Master of Science in Nursing Program

Applicant Course Completion Form

Applicant

Please type or print the following information.

Applicant's name_____
first middle last

Applicant's address_____
number street

_____
city state zip code telephone (include area code)

Applicant's Social Security Number _____ Applying for Fall session _____Yr.

NOTICE TO THE APPLICANT

The University of Iowa requests personally identifiable information for the purpose of maintaining student records. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address. If you fail to provide the required information, the University may not be able to act on your request. Completion of these prerequisite courses will be confidential and will be used only in connection with your application to The University of Iowa MSN Nursing Program.

This course completion form is a component of your application, so a prompt return is important. The deadline for completed applications is February 1 for Fall admission.

To the Applicant

The following requirements may be completed after admission to the MSN program. However, failure to complete these requirements before admission, may prevent you from being admitted to sub-tracks that require full-time enrollment. Please indicate below how you have completed the following courses. It is preferred that you do not state "Please refer to transcript for identification of course completion."

	Required Course	**Course Name**	**Institution Name**	**Institution Address (city, state)**	**Course Grade**	**Course Completion Date (semester, year)**
1.	Research Methods					
2.	Upper-level statistics (within 5 years)					
3.	Physical Assessment					
4.	Community Health					

Please return form to The Office of Graduate Student Services, College of Nursing, The University of Iowa, 37 Nursing Bldg., Iowa City, Iowa, 52242-1121.