VILLANOVA UNIVERSITY
COLLEGE OF NURSING
GRADUATE PROGRAM

GRADUATION APPLICATION DIRECTIONS

MEETING WITH YOUR ADVISOR You are to make an appointment with your faculty advisor prior to submitting your application to (1) verify completion of all degree requirements, (2) confirm the approval of any transfer credits, (3) conduct an exit interview, and (4) obtain her/his signature on the application where indicated.

GRADUATION SUMMARY The completed "Graduation Summary" form is to be submitted to the Graduate Nursing Program Office along with your signed graduation application. This form will be used to prepare a final summary of your accomplishments while at Villanova University, and it will become a permanent part of your student record. **Please attach a current resume to this form.**

PHOTO In order that we have a reminder in our records to "jog our memories" many years in the future, we ask that you include a photo with your application packet.

EVALUATION FORM You are asked to complete the attached "Program Evaluation" form and return it to the Graduate Nursing Program Office along with your graduation application materials. Please be advised that all components of the packet you submit are separated as soon as they are received, so there is no way to identify a particular individual's evaluation. In addition, responses to this evaluation are summarized and reported only in the aggregate, and if individual faculty are named in the open-ended questions on the last page, those comments are not included in the final summary report. The final summary report is reviewed by all faculty who teach in the Graduate Program, and areas of concern are discussed at Program meetings; thus, your thoughtful comments and responses are very much appreciated and utilized in making decisions about Program improvements. In addition, a copy is submitted to the Research and Evaluation Committee of the College of Nursing.

DUE DATES The "Application for Granting a Master of Science in Nursing Degree" (signed by both you and your faculty advisor), the "Graduation Summary" form, your current resume, and the "Program Evaluation" form must be submitted to the Graduate Nursing Program Office on or before the date specified below, which depends on the semester/term in which you plan to complete the Program.

February 1 for a May Graduation
June 1 for an August Graduation
October 1 for a December Graduation

NURSING PINS Nursing Pins can be purchased from the Balfour Company.
Please call Paul Olsen (570) 675-7471.

Rev.MKS/dm:10/31/07; 6/5/08; 10/8/12; cgc 10/21/13

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APPLICATION FOR GRANTING A MASTER OF SCIENCE IN NURSING DEGREE

1. Please indicate the concentration in which your degree will be conferred:

MASTER'S DEGREE	POST MASTER'S CERTIFICATE
☐ Adult/Gerontology Nurse Practitioner	☐ Adult/Gerontology Nurse Practitioner
☐ Family Nurse Practitioner	☐ Family Nurse Practitioner
☐ Pediatric Nurse Practitioner	☐ Pediatric Nurse Practitioner
☐ Nurse Anesthesia	☐ Nurse Anesthesia
☐ Nurse Education	☐ Nurse Education
☐ Health Care Administration	☐ Health Care Administration

COMPLETE THE FOLLOWING FOR THE COMMENCEMENT PROGRAM:

2. Undergraduate College, degree received and year. (If you hold more than one degree, list this information for each one.)

   _____

3. Prior Graduate College, degree received and year.

   _____

COMPLETE YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA:

4. _____
   (Religious or first name) (Middle name/initial) (Family name) (Initials, if religious order)

ADDRESS REQUIRED: (DIPLOMA WILL BE MAILED TO THIS ADDRESS IF YOU ARE NOT ATTENDING GRADUATION)

5. _____
   (Street/Apt.)

   _____
   (City) (State) (Zip Code)

EMAIL ADDRESS:

6. _____

SIGNATURES:

7. _____ 8._____
   (Student) (Student ID#)

9. _____ 10. _____
   (Program Advisor) (Director, Graduate Nursing Program)

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GRADUATION SUMMARY

NAME: _____

DATE OF GRADUATION: _____

ACADEMIC ACHIEVEMENT

Current G.P.A._____ Based on _____ credits

Number of credits accepted in transfer_____

ROLE CONCENTRATION: (check one)

_____ Health Care Administration
_____ Nursing Education
_____ Nurse Anesthetist
_____ Nurse Practitioner (Please specify)

PROGRAM EXPERIENCES:

Clinical Practicum Focus (Nurse Educators only)

_____ Adult Gerontology Health

_____ Community Health

_____ Parent/Child Health

_____ Psychiatric/Mental Health

Name of Agency for Teaching Practicum (Nurse Educators only)

_____

_____

_____

Names of Agencies for Clinical Practicum (Nurse Practitioners list more than one when appropriate)

_____

_____

_____

Title of Independent Study Project (Nurse Anesthetists do not complete this)

_____

-OVER-

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PROFESSIONAL/COMMUNITY ACTIVITIES: University or College of Nursing committees on which you served (including dates)

_____

_____

_____

Membership/Offices/Committees of Graduate Nurse Network, Sigma Theta Tau, or other honor societies or professional organizations (including dates)

_____

_____

_____

Membership/participation in community service activities

_____

_____

_____

LEADERSHIP POTENTIAL/CAREER GOALS:

Briefly describe your potential for assuming a leadership role in the profession as you envision it. Indicate your career goals including plans to pursue doctoral study.

_____

_____

_____

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PROGRAM EVALUATION

I. DIRECTIONS AND CODING

Please read all directions carefully, mark all responses clearly, and re-check your written responses. Please choose the MOST appropriate response, i.e., one answer only per question.

1. In what semester are you completing the Graduate Program? _____20____
2. What was your major during the Program?

_____HCA Health Care Administration _____ NA Nurse Anesthetist

_____ NED Nursing Education _____ Post Master's (Please specify

_____ Nurse Practitioner (Please specify)

II. BACKGROUND INFORMATION

1. When you entered the program, were you:

A. Employed full-time?
B. Employed part-time?
C. Not Employed?
D. Other

2. When you began the program, how many years of practice as a nurse had you completed?

A. 1 to 2 years
B. 3 to 5 years
C. 6 to 10 years
D. 11 to 20 years
E. More than 20 years

3. When you entered the program, what type of position did you hold?

A. Staff nurse
B. Teaching in an academic program or in a clinical setting
C. First line or middle manager
D. Case Manager
E. Other (specify _____)
F. Not employed

Do you plan to continue your education to earn a doctoral degree?

A. Yes
B. No
C. Undecided

5. When do you plan to seek admission to a doctoral program?

   A. 1 to 3 years
   B. 3 to 5 years
   C. After 5 years
   D. Not sure
   E. I do not plan to pursue doctoral studies

6. At this point in time, what kind of position do you hold?

   A. Staff nurse
   B. Teaching in an academic program or in a clinical setting
   C. First line or middle manager
   D. Case Manager
   E. Nurse Practitioner
   F. Other (specify)
   G. Not employed

III. PROGRAM AND FACULTY

Please read each of the following statements carefully and mark the appropriate letter that most closely represents your opinion:

A = Strongly Agree B = Agree C = Disagree D = Strongly Disagree

7. The nursing faculty were responsive to the individual learning needs of students.

   A ____ **B** ____ **C** ____ **D** ____

8. Nursing faculty were good role models for students.

   A ____ **B** ____ **C** ____ **D** ____

9. Courses in the Program incorporated the development of leadership skills in nursing.

   A ____ **B** ____ **C** ____ **D** ____

10. Courses in the Program emphasized the use of research in identifying nursing problems and proposing solutions to problems.

    A ____ **B** ____ **C** ____ **D** ____

11. There were opportunities in the Program for testing nursing knowledge in practice.

    A ____ B ____ C ____ D ____

12. Nursing courses emphasized critical thinking.

A ____ **B** ____ **C** ____ **D** ____

13. Opportunities were provided in the Program to acquire the decision-making skills necessary for practice in the role for which I was preparing.

A ____ **B** ____ **C** ____ **D** ____

14. Experiences throughout the Program helped me become more aware of my value system, particularly as it relates to my role as a professional nurse and nurse educator, nurse administrator, case manager, nurse practitioner or nurse anesthetist.

A ____ **B** ____ **C** ____ **D** ____

15. Courses in the Program facilitated the development of the knowledge and skills that I need to fulfill my chosen role.

A ____ **B** ____ **C** ____ **D** ____

16. The Program stimulated me to take a more active role in local, state and national professional organizations.

A ____ **B** ____ **C** ____ **D** ____

17. The Program promoted social and political action for the improvement of health care and health care delivery within the community.

A ____ **B** ____ **C** ____ **D** ____

18. Overall, strategies used to implement the Program (e.g., class size, teaching methods, course requirements) facilitated my learning.

A ____ **B** ____ **C** ____ **D** ____

Overall comments about the Program and/or the Faculty:

IV. **INSTRUCTIONAL RESOURCES**

Please read each of the following statements carefully and select the response that most closely represents your opinion:

A = Strongly Agree
B = Agree
C = Disagree
D = Strongly Disagree
E = I did not use this service

19. I was able to get the help I needed when using the University Computer and Information Services.
A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

20. I was able to get the help I needed when using the office of Financial Assistance.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

21. I was able to get the help I needed when using the University Book Store.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

22. I was able to get the help I needed when accessing library searches, literature on line and interlibrary loans.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

23. The Library staff provided the help I needed when using the Library Services.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

24. Library holdings were adequate to support the research I needed to do for courses.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

25. I was able to get the help I needed when using the College of Nursing Learning Resource Center.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

26. Classroom facilities were conducive to learning.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

27. Lounge/study/eating facilities were adequate.

A ____ **B** ____ **C** ____ **D** ____ **E** ____

Please explain:

Overall comments about Instructional Resources:

V. **OTHER**

Listed below are activities often associated with a graduate educational program. Select the response that most clearly corresponds to the amount of opportunity you would have preferred to have in each activity.

A = I would have preferred LESS emphasis in this area
B = The amount of emphasis in this area was ABOUT RIGHT
C = I would have preferred MORE emphasis in this area

28. Study particular topics in depth.

A _____ **B** _____ **C** _____

29. Thoroughly study a topic of special interest to me.

A _____ **B** _____ **C** _____

30. Work with faculty on individual projects.

A _____ **B** _____ **C** _____

31. Engage in out-of-class interactions with faculty and other students.

A _____ **B** _____ **C** _____

32. Interact with people in other disciplines.

A _____ **B** _____ **C** _____

I. Please indicate what you think were the **MOST VALUABLE ASPECTS OF YOUR PROGRAM**.

II. Please give **SUGGESTIONS FOR IMPROVING THE PROGRAM**.