

REQUIRED SUPPORTING DOCUMENTS

Master of Nursing – Thesis Stream

www.ryerson.ca/graduate/programs/nursing

1. SUPPLEMENTARY ADMISSION DATA FORM

Please fill out the attached Master of Nursing, Thesis Stream Supplementary Admission Data form.

2. LETTERS OF RECOMMENDATION

A minimum of two *Letters of Recommendation* are required for each application. The referee form is available online at: <http://www.ryerson.ca/graduate/admissions/admforms.html>. Only sealed letters with original signatures will be accepted. Please note that we reserve the right to contact your referees for further information.

At least **ONE** of the two required recommendations must be a university (academic) *Letter of Recommendation* (eg. a faculty member familiar with your academic performance). The second *Letter of Recommendation* may be submitted by a professional (non-academic) referee. For those applicants that completed their undergraduate education more than five years ago, the university (academic) *Letter of Recommendation* may be substituted by a second *Letter of Recommendation* submitted by a professional (non-academic) referee.

Letters of Recommendation from universities or institutions outside Canada should be accompanied by a signed note on the letterhead of the university or institution, in addition to the completed letter of recommendation form. Only original documents (no FAX or photocopies) will be accepted.

Sealing Letters of Recommendation - All *Letters of Recommendation*, whether they are submitted in a Ryerson University envelope or in the envelope of the referee's university or institution, must be sealed and signed by the referee across the sealed flap and dated.

3. STATEMENT OF INTEREST

The statement of interest is an important part of the screening of candidates for admission to the Thesis Stream of the Master of Nursing Program. The scores will be based on your ability to address the items in a comprehensive and personal matter. It is suggested that you will include examples of personal experience within your responses. Answers that are overly brief and very general will not be highly scored. Your written submission contributes strongly toward determining whether you are selected for admission to the Thesis Stream of the Master of Nursing Program.

1. What are your reasons for pursuing graduate studies in Nursing?
2. What is your rationale/justification for choosing the particular *Field of Study*?
3. How have your previous studies and experiences prepared you for the program; and
4. What are your career objectives and how will the Master of Nursing program advance them?

INSTRUCTIONS

- Please answer the four (4) questions above.
- Replies must be typed and not to exceed 3 pages of double-spaced, 12-point font print in total. Only the first 3 pages will be read. Replies to each question need not be of equal length.
- Number your answers to correspond to the questions above.

Submit the original and 2 copies of all pages with your application package

4. DESCRIPTION OF RESEARCH TOPIC

You are required to submit a brief description of your proposed research that must address the following:

- your rationale for choosing the Thesis Stream;
- a brief outline of your research interests and potential topic area;
- the name of proposed Thesis Supervisor (If you are unable to identify a proposed Thesis Supervisor please provide a brief explanation).

INSTRUCTIONS

- Please address the three (3) statements above.
- Replies must be typed and not to exceed 2 pages of double-spaced, 12-point font print in total. Only the first 2 pages will be read. Replies to each Statement need not be of equal length.

Submit the original and 2 copies of all pages with your application package

5. CURRICULUM VITAE

We are interested in your non-academic as well as your academic experience. Please submit a curriculum vitae along with your application. See attached CV format guide.

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6. APPLICATION CHECKLIST (# OF COPIES REQUIRED TO SUBMIT)

Please submit all required items in one package.

- Hard copy printout of your signed online application form in a .pdf format. (2 copies)
- Supplementary Admission Data Form (2 copies)
- Statement of Interest (2 copies)
- Description of Research Topic (2 copies)
- Curriculum Vitae (2 copies)
- Two Letters of Recommendation (all originals)
- All Official Transcripts (2 originals of each -- ordered). Reminder: Applicants must have a Bachelor's degree in Nursing from a program accredited by CASN or approved by the appropriate provincial body.
- Proof of current registration with the College of Nurses of Ontario (CNO) or registration eligibility with the CNO.
- English Proficiency Test Score (if applicable)
- Write "Nursing-Thesis" on the outside of your application package

Important: Incomplete applications will NOT be considered for admission.

NOTES:

1. Ryerson reserves the right to withdraw or cancel programs or courses due to a lack of enrolment.
2. For further information about the Master of Nursing program, please contact the Program Administrator at: 416-979-5000 ext. 7852, gerry.warner@ryerson.ca or visit www.ryerson.ca/graduate/programs/nursing.
3. For further information about your application, please contact the Graduate Admissions Office at 416-979-5150, grdadmit@ryerson.ca or visit www.ryerson.ca/graduate/admissions.

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Curriculum Vitae Format Guide

The following form serves only as a guide when considering your CV format. PLEASE DO NOT FILL IN THIS FORM. You are required to submit a typed, professionally prepared Curriculum Vitae.

Name (last):		Name (first):	
Current Address:			
City:	Province:	Postal Code:	
Phone (H):		Phone (W):	
Email:			

Part 1. ACADEMIC EDUCATION

A. Specific Degree/Diploma/Certificate

Year	Specific Degree/Diploma/Certificate	Name of Institution

B. Other: Continuing Education/Workshops/Professional Development

Year	Continuing Education/Workshops/Professional Development	Name of Institution

PART 2. RELEVANT PRESENTATIONS/PUBLICATIONS/RESEARCH

Year	Title (include full citation)	Audience for presentations

PART 3. WHICH PROFESSIONAL ORGANIZATIONS DO YOU BELONG TO?

Year	Professional Organization	Role

PART 4. RELEVANT WORK EXPERIENCE

Employed from (year):		Employed to (year):		Full-time or Part-time:	
Employer/Department:					
Area of Practice:		Job Title:			
Roles/Responsibilities					

Employed from (year):		Employed to (year):		Full-time or Part-time:	
Employer/Department:					
Area of Practice:		Job Title:			
Roles/Responsibilities					

Employed from (year):		Employed to (year):		Full-time or Part-time:	
Employer/Department:					
Area of Practice:		Job Title:			
Roles/Responsibilities					

Complete all sections. TYPE or PRINT carefully. Read and follow the attached Instruction Sheet. Include all submissions. Applications without the correct fee payment will not be processed.

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name		First Name			
E-mail	To ensure you receive your Ryerson University, School of Graduate Studies emails, please add grdadmit@ryerson.ca to your address book.					
PROGRAM OPTION: (Please check one)	[<input type="checkbox"/>] MN (Full-time Only)				PREVIOUS RYERSON STUDENT # (if applicable)	
FIELD OF STUDY: (Please check)	[<input type="checkbox"/>] Leadership in Health Policy and Education		[<input type="checkbox"/>] Health and Illness of Individuals and Communities			
Funding From External Sources	Please list any scholarships, fellowships, grants and/or other financial awards you have applied for or you hold to support your graduate studies.					
Name of Proposed Thesis Supervisor (if unknown please indicate "Unknown"):						
Letters of Recommendation Please list the names and contact information of your two referees. Indicate whether they are an ACADEMIC (ACD) OR PROFESSIONAL (PRO) REFERENCE	Name of Referee	Academic Institution or Organization	Address	Email Address		
	1. <input type="checkbox"/> ACD or <input type="checkbox"/> PRO					
	2. <input type="checkbox"/> ACD or <input type="checkbox"/> PRO					
Applicant Signature				Date		