

MINIMUM ADMISSION REQUIREMENTS FOR INTERNAL THESIS APPLICANTS

Please note that for admission consideration, internal applicants **MUST** meet the minimum overall academic requirement of (3.67) or A- CGPA in the following 3 core Master of Nursing courses: MN8901, MN8902 and MN8903. As this is a highly competitive admissions process, internal applicants that do not meet the minimum academic requirement will not be considered for admission.

If you have not yet completed all three core Master of Nursing courses, any offer of admission will be made on a “Conditional” basis with the requirement that you have achieved at least a minimum overall (3.67) or A- CGPA for all three core Master of Nursing courses and that you clear all outlined conditions by September 1.

In addition, admission to the Thesis Stream requires the submission of a description of your research topic.

INSTRUCTIONS FOR SUBMITTING THE INTERNAL APPLICATION

Any internal candidate that is offered admission is required to begin enrolment in the Thesis (MN8000A) by date/term stipulated in their Offer of Admission letter. Enrolment in the Thesis Stream is on a full-time basis only. **Deferrals are not permitted.** Decisions related to Internal Funding will be made no later than the start of the fall term. Award and Scholarship considerations are dependent on availability of funding.

Any candidate that accepts an offer of admission is accepting a change to their Program of Study. Given that enrolment in the Thesis Stream is limited, further requests for changes must normally be approved by the Master of Nursing Program Director.

All documentation submitted becomes the property of Ryerson University and cannot be returned. Ryerson University strives to ensure the completeness and accuracy of information contained in this application package. However, the University reserves the right to change any of the information at any time without notice.

➤ **Internal Application Fee**

The application fee of \$110 has been waived for internal candidates. Applicants are required to submit all supporting documentation by **February 15.**

➤ **Transcripts**

Internal applicants are not required to submit official transcripts.

➤ **Submission**

Drop off the complete application in person to:

Gerry Warner
Program Administrator
Master of Nursing
4th Floor, Jorgenson Hall
Office POD 482-C

COMPLETING THE APPLICATION FORM

INSTRUCTIONS – SECTION I Please complete **ALL** sections. Answer every question; enter N/A for questions not applicable to you. Note that incomplete forms will not be processed. TWO (2) copies of the application form (pages 3 and 4) must be submitted with your application package. Application packages that are not complete will not be processed.

- Ryerson History**
 Indicate your Master of Nursing program history by providing date and program information. Include your Ryerson Student Number.
- Name**
 State your first, middle and last name (legal family name). If they appear differently on your official documents, also indicate the version appearing on your official documents.
- Address Information**
 In this section, please be as accurate as possible.
- E-mail**
 Please type or print your Ryerson e-mail address clearly.
- Name and Signature of Your Proposed Thesis Supervisor**
 Please provide the name and signature of your proposed thesis supervisor.

Ryerson History	Year Admitted to the Master of Nursing Program			Ryerson Student #			
	YYYY:	Current Field of Study:					
Personal Information	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	FIRST NAME	MIDDLE NAME			
	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.					
	<input type="checkbox"/> Other:						
LAST NAME/FAMILY NAME							
PREVIOUS LAST NAME OR NAME ON DOCUMENTS (if different from above)							
Permanent Address	Apt. #	Street Number	Street Name				
	City	Province/State	Country			Postal/Mailing Code	
E-mail Address – Type/Print Clearly – This will be the main point of contact correspondence.							
Name of Proposed Thesis Supervisor							
Signature of Proposed Thesis Supervisor							

INSTRUCTIONS - SECTION II

- **Program Option**

Please note that enrolment in the Thesis Stream is on a full-time basis only

INSTRUCTIONS - SECTION III

- **Declaration and Signature of Applicant**

I certify that all statements on this application and in material filed in support are correct and complete, and all material information has been disclosed. I understand that I may have to provide documentation in the future to substantiate my claim and that any misrepresentation of this information may result in my association with, admission to, or registration in the university being rescinded and cancelled. I acknowledge that Ryerson University has the right to verify any and all information included as part of this application and to cancel any program due to lack of enrolment. The name in Section I of this form is the complete name by which I am legally and correctly known. I understand that all documentation submitted becomes the property of Ryerson University and cannot be returned.

Applicant's Signature

Date: YYYY/MM/DD

This application must be signed and dated. Applications without the correct fee payment and completed forms will not be processed

ADMISSION DECISION

PLEASE NOTE THAT THE ADMISSIONS COMMITTEE RESERVES THE RIGHT TO INTERVIEW APPLICANTS PRIOR TO MAKING AN ADMISSION DECISION.

ADMISSION DEFERRALS ARE NOT PERMITTED. ANY OFFER OF ADMISSION IS VALID ONLY FOR THE COMMENCEMENT DATE INDICATED ON THE OFFER OF ADMISSION.

DESCRIPTION OF PROPOSED RESEARCH TOPIC

INSTRUCTIONS – SECTION IV

Candidates applying to the Thesis Stream are required to submit a brief description of their proposed research as a supplementary document that addresses the following:

- a) What are your research interests and potential topic area (provide a brief outline)?; and
- b) What is the name of your proposed Thesis Supervisor and rationale for your choice?

Internal candidates are strongly advised to review the Faculty Profiles on the Daphne Cockwell School of Nursing website at <http://www.ryerson.ca/nursing/faculty/> to identify a faculty member whose research interests align with their own. It is also advisable that you contact the faculty member to discuss your research interests prior to submitting your application. If you require additional guidance to assist in identifying a potential Thesis Supervisor, please contact:

Gerry Warner
Program Administrator
Master of Nursing
E-mail: gerry.warner@ryerson.ca
Telephone: 416-979-5000 ext. 7852

INSTRUCTIONS

- ✓ Please answer the two (2) questions above.
- ✓ Responses must be typed and not to exceed 2 pages double-spaced in total, with 1" margins and Times New Roman 12 point font. Only the first 2 pages will be read. Responses to each question need not be of equal length.
- ✓ Failure to follow instructions may result in a lower score and a lower overall ranking.

Submit the original and 1 stapled copy of all pages with your application package

APPLICATION CHECKLIST**INSTRUCTIONS – SECTION V**

Please note that all required items are to be submitted in one package.

- Application Form - Pages 3 and 4 (2 copies)
- Description of Proposed Research Topic (original plus 1 copy)

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. Applicants are required to submit all required documentation by **February 15**.
3. For further information about the Thesis Stream or if you have questions about your application, please contact Gerry Warner at: 416-979-5000 ext. 7852, gerry.warner@ryerson.ca.