

INSTRUCTIONS TO APPLICANT (LOCAL / OVERSEAS)

1. Enclosed are:
 - a) Application form
 - b) Transcript Request Form
 - c) Form for Referee's Report
 - d) Acknowledgment Form
2. The application form must be completed in English; and the supporting documents, if not in English, must be accompanied by copies of the English translation of the documents.
3. An official transcript of academic records is required from each university you have attended. You are responsible for requesting the transcript(s) from the relevant University. Please use the attached form for such request.
4. Recommendations from Director of Nursing and from the current Head of Department are to be submitted by using the attached referee's report forms. The 2 forms are to be submitted directly to the Division by the referees.
5. As the medium of instruction is in English, applicants whose native tongue or medium of undergraduate instruction is not English should submit **TOEFL/IELTS** scores as evidence of their proficiency in the English language. Applicants must obtain a minimum TOEFL score of 600 or IELTS score of 6.5.
6. Please note that **certified true copies** of all the relevant documents must be submitted upon application. Original documents must be produced for verification upon request. Documents submitted in support of application will not be returned to applicants. Applicants who failed to present their original documents for verification without acceptable reasons will be deemed to have withdrawn their application.
7. Please arrange the application documents in the following order.
 - a) Acknowledgment Form
 - b) Application Fee of S\$40.00 by either cheque / bankdraft payable to the 'National University of Singapore'. Please note that application not accompanied by the application fee will not be considered.
 - c) Application Form
 - d) 2 recent passport sized photograph
 - e) Photocopied I/C or passport
 - f) Curriculum Vitae (Please refer to application form for details)
 - g) Certificate & Transcripts of 'O' and/or 'A' Level (Certified True Copy)
 - h) Certificate / Diploma in Nursing and Transcripts (Certified True Copy)
 - i) Certificate of Bachelor's Degree (Certified True Copy)
 - j) Certificate & Transcripts of Advanced Diploma (Certified True Copy)
 - k) Certificate & Transcripts of any other qualifications (Certified True Copy)
 - l) Practising Certificate (Certified True Copy)
 - m) Valid Basic Cardiac Life Support and/ or Advanced Cardiac Life Support Certification (Certified True Copy)
 - n) Certified True Copy of TOEFL/IELTS Scoresheet (for applicants whose native tongue or medium of undergraduate instruction is not English)
 - o) Documentary proof of financial support. (For e.g. letter of sponsorship etc). Please note that the course fee is S\$**24,000 (excluding GST)** for Local, Singapore Permanent Residents and foreign students. (Fees are subjected to change without prior notice.)
 - p) Other supporting documents (Citizenship certificate, membership of organisations etc.)
8. Please submit the completed application form together with all the supporting documents to:

**Attn: Course Administrator
Master of Nursing Programme
Division of Graduate Medical Studies
Yong Loo Lin School of Medicine
National University of Singapore
MD 5, Level 3, 12 Medical Drive
Singapore 117598**

COURSE APPLICATION FORM

Passport-sized
Photo
X 2

Course applied for: Master of Nursing
Specialisation: Adult Health/ Mental Health/ Critical Care*
Year Applied:

A) PERSONAL PARTICULARS

1. **NAME** _____ (Mr / Mrs / Miss / Mdm)
(Please underline Surname / Family Name)
2. **PP/NRIC NO** _____ 3. **DATE OF BIRTH** _____ (dd/mm/yyyy)
4. **TYPE OF NRIC : S'pore Pink/S'pore Blue/M'sia Blue/M'sia Pink /Others*** _____ (Please specify)
5. **HOME/PERMANENT ADDRESS**

6. **MAILING ADDRESS** (if different from above. Please do not give P.O.Box address)

7. **TEL NO** _____ 8. **HANDPHONE NO** _____
9. **PAGER/OFFICE NO** _____ 10. **EMAIL** _____
11. **RACE : Chinese/Malay/Indian/Others*** _____ (please specify)
12. **SEX: Female/Male*** 13. **MARITAL STATUS : Single/Married/Divorced/Widowed***
14. **DOMICILE (DOM) / PLACE OF BIRTH (POB)** [Tick accordingly]
- | | DOM | POB | | DOM | POB |
|---------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|
| Singapore | <input type="checkbox"/> | <input type="checkbox"/> | Brunei | <input type="checkbox"/> | <input type="checkbox"/> |
| West Malaysia | <input type="checkbox"/> | <input type="checkbox"/> | Others | <input type="checkbox"/> | <input type="checkbox"/> |
| East Malaysia | <input type="checkbox"/> | <input type="checkbox"/> | Please specify | _____ | |
15. **CITIZENSHIP (Non –Singaporeans have to indicate whether they are also Singapore PR and the date of obtaining the status)** [Tick accordingly]
- | | | | | | |
|--------------|--------------------------|-----------------------------------|--------------------------|-----------|--------------------------|
| Singapore | <input type="checkbox"/> | Malaysia | <input type="checkbox"/> | Brunei | <input type="checkbox"/> |
| Bangladesh | <input type="checkbox"/> | India | <input type="checkbox"/> | China | <input type="checkbox"/> |
| Pakistan | <input type="checkbox"/> | Philippines | <input type="checkbox"/> | Indonesia | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | _____ (please specify) | | | |
| Singapore PR | <input type="checkbox"/> | Date Obtained: _____ (dd/mm/yyyy) | | | |
16. **NATIONAL SERVICE : Completed / Disrupted / Currently Serving/ Exempted/ Not Applicable***

* Please delete where not appropriate

B) ACADEMIC QUALIFICATION

1. SECONDARY EDUCATION

From (mm/yy)	To (mm/yy)	Name of School/ Country	Qualification obtained
_____	_____	_____	_____
_____	_____	_____	_____

2. ACADEMIC QUALIFICATIONS (Please attach transcripts of each qualification)

Diploma / Certificate in Nursing	Date Obtained (mm/yy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

Undergraduate Nursing qualification (s)	Date Obtained (mm/yy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

Advanced Diploma in Nursing (s) (Specialization)	Date Obtained (mm/yy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

Postgraduate Degree (s)	Date Obtained (mm/yy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

Other Higher Degree(s)	Date Obtained (mm/yy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

3. REGISTRATION WITH A RECOGNISED NURSING BOARD / COUNCIL

Country : _____ Year of Registration: _____

4. TOEFL Score obtained : _____ (min 600)[#] OR IELTS score obtained: _____ (min 6.5)[#]

[#]for foreign applicants whose native tongue or medium of undergraduate instruction is not English. Certificate to be enclosed.

5a. Basic Cardiac Life Support Certification Date Obtained: _____ (dd/mm/yy)⁺

5b. Advanced Cardiac Life Support Certification Date Obtained: _____ (dd/mm/yy)⁺

⁺ Please provide certified true copies of the certificate(s) for 5a and 5b.

C) GOAL STATEMENT

Please state your objectives for pursuing this programme (not more than 200 words):

D) CURRICULUM VITAE

Please include the following on a separate paper:

- Research Experiences
- Publication / Presentation
- Activities / Projects / Presentations involved in Community Services
- Involvement in Professional Organisation
- Other activities

E) WORKING EXPERIENCE

1. Relevant Postings (in Chronological Order, starting with the current posting in the hospital / Institution)

Designation/Position held: _____	Work Type: Full Time/ Part Time*
From: _____ To: _____ Country: _____ (dd/mm/yyyy) (dd/mm/yyyy)	
Name of Hospital/ Institution & Dept: _____	
Brief Job description: _____	
Designation/Position held: _____	Work Type: Full Time/ Part Time*
From: _____ To: _____ Country: _____ (dd/mm/yyyy) (dd/mm/yyyy)	
Name of Hospital/ Institution & Dept: _____	
Brief Job description: _____	
Designation/Position held: _____	Work Type: Full Time/ Part Time*
From: _____ To: _____ Country: _____ (dd/mm/yyyy) (dd/mm/yyyy)	
Name of Hospital/ Institution & Dept: _____	
Brief Job description: _____	
Designation/Position held: _____	Work Type: Full Time/ Part Time*
From: _____ To: _____ Country: _____ (dd/mm/yyyy) (dd/mm/yyyy)	
Name of Hospital/ Institution & Dept: _____	
Brief Job description: _____	
Designation/Position held: _____	Work Type: Full Time/ Part Time*
From: _____ To: _____ Country: _____ (dd/mm/yyyy) (dd/mm/yyyy)	
Name of Hospital/ Institution & Dept: _____	
Brief Job description: _____	
Designation/Position held: _____	Work Type: Full Time/ Part Time*
From: _____ To: _____ Country: _____ (dd/mm/yyyy) (dd/mm/yyyy)	
Name of Hospital/ Institution & Dept: _____	
Brief Job description: _____	

* Please delete where not appropriate

F) PREVIOUS APPLICATIONS

1. I am applying to enter this programme for the 1st time.

Yes No *if no, please state the year of previous attempts: _____*

2. Have you previously applied for admission or been admitted to any postgraduate coursework programme(s) in NUS?

Yes No *if yes, please state programme applied for: _____*

*Year of application: _____ Outcome of application: Successful / Unsuccessful **

*Date of Enrolment: From _____ To _____ Current Status: Graduated/Withdrawn/ Failed/Student**

3. Are you concurrently applying for any other postgraduate programme at NUS / other University?

Yes No *if yes, please state programme applying for: _____*

G) SOURCE OF FINANCE

1. Source of Finance: Company Sponsorship/Self-Support/Others* (Please specify _____)

Note: Please attach documentary evidence of financial support, e.g. letter of sponsorship from company.

H) PARTICULARS OF NEXT-OF-KIN

1. Name (Mr/Mrs/Miss/Mdm) _____

2. Relationship to applicant: _____

3. Occupation: _____

4. Tel /Mobile /Office No.: _____

5. Email: _____

6. Home/Permanent Address _____

I) OTHER INFORMATION

1. Are you currently taking any part/full time courses?

Yes No *if yes, please state the course: _____*

Date of Completion: _____ (dd/mm/yy)

2. Have you ever been convicted of any offence by a court of law in any country or are there any court proceedings pending against you anywhere in respect of any offence?

Yes No

3. Are you currently, or have you ever been, charged with or subject to disciplinary action for any type of misconduct, scholastic or otherwise, at any educational institution?

Yes No

4. Are you currently, or have you ever been, under investigation or subject to enquiry in respect of any misconduct, scholastic or otherwise, at any educational institution?

Yes No

If your answer to any or all of the above questions is yes, please provide a full statement of relevant information on a separate sheet of paper (and attach the relevant documents).

J) DECLARATION

I hereby declare that all information provided by me in connection with this application is true, accurate and complete. I understand that any inaccurate, incomplete or false information given or any omission of information required shall render this application invalid and NUS may at its discretion withdraw any offer of acceptance made to me on the basis of such information or, if already admitted, I may be liable to disciplinary action, which may result in my expulsion from NUS. And I hereby authorise NUS to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.

Signature of Applicant

____/____/____
Date

Please send completed application form together with cheque/bank draft made payable to "National University of Singapore", before closing date, to

**Attn: Course Administrator
Master of Nursing Programme
Division of Graduate Medical Studies
Yong Loo Lin School of Medicine
National University of Singapore
MD5, Level 3
12 Medical Drive
Singapore 117598**

FOR OFFICIAL USE ONLY

- | | |
|---|---------------------------------------|
| 1. APPLICATION FEE PAID: S\$ _____ | 2. CHEQUE/DRAFT NO.: _____ |
| 3. DATE RECEIVED: _____ | 4. OFFICIAL RECEIPT NO : _____ |
| 5. CHECKED BY : _____ | |

REMARKS (If any):

*Please delete where not appropriate

NATIONAL UNIVERSITY of SINGAPORE
HIGHER DEGREE AND/OR RESEARCH SCHOLARSHIP APPLICATION
Transcript Request Form

To the Applicant:

Kindly complete this section of the form and send it to the Registrar (or the relevant person-in-charge) of the University which you are requesting your transcript.

Applicants who are requesting for transcript from NUS itself, please submit your application online at <http://www.nus.edu.sg/registrar/adminpolicy/transcripts.html>. An application fee of \$5.00 (excl GST) is applicable. To have this form attached to the transcript, you can email this form to transcript@nus.edu.sg as an attachment or submit it at the Student Service Centre. Please indicate in the Remarks column in the Online request, the mode and date that you have submitted this Form.

Applicant's Name: _____ Date of Birth: _____

Applicant's Tel: _____ Applicant's Email: _____

University: _____

Date of Enrolment: (From) _____ (To) _____

Date of Conferment: _____

Degree Conferred: _____

Mailing Address of NUS: _____

(Department/Faculty to receive the Transcript) _____

To the Registrar/Person-in-charge:

1. The person whose name appears above is applying for admission to our higher degree programme.
2. The application cannot be considered without an official transcript of academic records submitted by your University. This transcript must bear the stamp of your University and the name and signature of the Registrar or authorised person.
3. Subject to the rules governing your University, the transcript should include:
 - (a) Date of enrolment;
 - (b) A list of all subjects taken (with dates), and the grades obtained for each subject;
 - (c) Title of degree awarded and date of conferment;
 - (d) Rank in class (if any); and
 - (e) Interpretation or explanation of grades or marks.
4. If the transcript is in a language other than English, please provide an official English translation.
5. **DO NOT RETURN THE TRANSCRIPT TO THE APPLICANT. Please send the official transcript together with this form directly to the address given by the applicant above** in an official sealed envelope with its flap bearing the security seal of the University and the signature of the Registrar or his/her representative (with the designation indicated on the envelope). Thank you.

Yong Loo Lin School of Medicine
 Division of Graduate Medical Studies



REFEREE'S REPORT

Name of applicant: _____

Degree applied for: MASTER OF NURSING

Note to referee:

The person named above is applying for admission into the Master of Nursing programme conducted by the Division of Graduate Medical Studies, National University of Singapore. The Division would appreciate receiving a confidential report from you on the applicant. All information will be kept confidential. Please send your report in a sealed envelope bearing your signature across it, and send it to Course Administrator, Master of Nursing Programme, Division of Graduate Medical Studies, Yong Loo Lin School of Medicine, National University of Singapore, MD 5, Level 3, 12 Medical Drive, Singapore 117598. Thank you.

1. How long have you known the applicant and in what capacity?

< 1 year

1-5 years

> 5 years

Capacity:

2. Among the nurses at a similar level you have known in recent years, how would you rate the applicant?

Exceptional (highest 5%)

Average (next highest 25%)

Outstanding (next highest 5%)

Below Average (lowest 50%)

Above average (next highest 15%)

Unable to judge

3. How would you rate the applicant's proficiency in English?

Reading

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

Written

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

Spoken

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

4. What is your recommendation concerning admission?

<input type="checkbox"/>	The applicant has my highest recommendation
<input type="checkbox"/>	I recommend the applicant with confidence
<input type="checkbox"/>	I recommend the applicant with some reservation
<input type="checkbox"/>	I do not recommend the applicant

5. Personal report on the applicant

Name of referee _____ Relationship to applicant _____

Designation _____ Organisation _____

Email Address _____

Mailing Address _____

Contact No. _____

Signature _____ Date _____

ACKNOWLEDGMENT FORM

(Please print your name and address below)

Name: _____

Address: _____

Dear Sir/Madam

APPLICATION FOR MASTER OF NURSING PROGRAMME

This is to acknowledge receipt of your application for the above programme.

Please note that your application is:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Complete and will be evaluated in due course. |
| <input type="checkbox"/> | Incomplete and will only be evaluated after the following items that are marked with (✓) are submitted by _____. |

Missing Items:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Application Fee of S\$40.00. |
| <input type="checkbox"/> | 2 Passport-sized photo |
| <input type="checkbox"/> | Photocopied I/C or passport |
| <input type="checkbox"/> | Curriculum Vitae |
| <input type="checkbox"/> | Certificate & Transcripts of 'O' and/or 'A' Level (Certified True Copy) |
| <input type="checkbox"/> | Certificate / Diploma in Nursing and Transcripts (Certified True Copy) |
| <input type="checkbox"/> | Certificate & Transcripts of Bachelor's Degree (Certified True Copy) |
| <input type="checkbox"/> | Certificate & Transcripts of Advanced Diploma (Certified True Copy) |
| <input type="checkbox"/> | Certificate & Transcripts of any other qualifications (Certified True Copy) |
| <input type="checkbox"/> | Practising Certificate (Certified True Copy) |
| <input type="checkbox"/> | Valid Basic Cardiac Life Support and/ or Advanced Cardiac Life Support Certification (Certified True Copy) |
| <input type="checkbox"/> | Certified True Copy of TOEFL/IELTS Scoresheet |
| <input type="checkbox"/> | Documentary proof of financial support. (For eg Letter of sponsorship etc) |
| <input type="checkbox"/> | 2 Referee Reports |
| <input type="checkbox"/> | Other supporting documents _____ |

Please remind your referees to submit their recommendations using the referee's report forms if they have yet to do so.

Please note that due to the large number of applications received, we regret that no enquiries on the status of application will be entertained. We will notify you of your application by May / October.

DGMS
Yong Loo Lin School of Medicine