

MScN Supplemental Information

1. Name: _____

2. Please identify the field of study to which you are applying:

Leadership in Nursing Education

Nursing Leadership in Health Promotion and Advanced Nursing Practice

Nursing Leadership in Health Services Delivery

3. CNO RN registration number:

I have uploaded my registration information.

Not applicable - I am an international applicant.

4. RNAO registration number:

I have uploaded my registration information.

Not applicable - I am an international applicant.

I will apply for membership if I receive an offer to the program. I understand that I will be required to have membership before beginning the program.

5. Will you receive or have you applied for any financial support for your studies in the form of an award, scholarship or other sources of funding? If yes, please indicate which awards, the dollar amount, and the duration.

International students: Please include information regarding scholarships from your government.

Award Name	Award Amount	Duration

6. Have you completed any Master's level studies at a university in Ontario?

Yes - Name of School: _____

- Number of full time terms completed: _____

No

7. Additional information: