The Research Interest Form is designed to provide the College of Nursing with information about applicants' areas of research interest. Completion of this form does not mean the student must then conduct research or complete a thesis. This information will be used to provide the student with the name of a faculty mentor who has similar areas of interest.

This faculty mentor-student connection serves several purposes. The student can contact the faculty mentor with questions about the graduate program. The student may also contact the Graduate Advisor, the Graduate Coordinator for the applicable graduate nursing sequence, or the Associate Dean. Likewise, the faculty mentor may in turn contact the student in research opportunities such as research assistantships become available in the stated area(s) of interest.

1. Have you conducted research in the past? If so, what did the research involve? Where was the research conducted?

2. Are you interested in completing a thesis if accepted to the Mennonite College of Nursing graduate program? ____ No ____ Yes
   If yes, do you have a topic in mind? ____ No ____ Yes
   (Topic: ____________________________________________________________)

3. Are you interested in assisting faculty with research as a research assistant? ____ No ____ Yes
Mennonite College of Nursing at Illinois State University Graduate Program

4. What is/are your area(s) of research interest? (Mark as many as are applicable)

____ Adolescent Health Issues
____ Community Health
____ Complimentary Therapies
____ Cultural Issues
____ Decision-making
____ Empowerment
____ End of Life Issues
____ Ethics
____ Evidence-Based Practice
____ Genetics
____ Geriatrics
____ Healing Spaces
____ Health Policy
____ HIV/AIDS
____ Informatics/Technology
____ Leadership
____ Maternal/Newborns
____ Nursing Education
____ Psychosocial Factors
____ Rural Health
____ Women’s Health
____ Other _______________________________
____ Other _______________________________
____ Other _______________________________

Email address: ____________________________________________________

Upon completion of this form, please send it to:

Mennonite College of Nursing
Graduate Program Secretary
Graduate Program Area of Research
Campus Box 5810
Normal, IL  61790-5810