

LINCOLN MEMORIAL  
UNIVERSITY



Program applying for:

- BSN
- RN-BSN

Lincoln Memorial University  
Caylor School of Nursing  
Bachelor of Science in Nursing  
**APPLICATION FOR ADMISSION**

Applying for: Fall 20\_\_\_\_\_

**I. DEMOGRAPHICS**

Print Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

e-mail \_\_\_\_\_

**ETHNICITY – OPTIONAL (CHECK ONE)**

- American Indian
- Asian
- Black or African American
- Other
- Pacific Islander
- White
- Non-resident Alien

**GENDER**

- Female
- Male

**II. EDUCATION**

NAME OF INSTITUTION	YEAR ATTENDED	MAJOR	DEGREE AWARDED	YEAR AWARDED

**HAVE YOU ATTENDED A PREVIOUS NURSING PROGRAM OR TAKEN NURSING COURSES?** \_\_\_ YES \_\_\_ NO

IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

IF NURSING DEGREE NOT COMPLETED, WHY?

\_\_\_\_\_

### III. PROFESSIONAL OR BUSINESS EXPERIENCE

NAME AND LOCATION OF AGENCY	START DATE	END DATE	DESCRIPTION OF DUTIES

### IV. EMERGENCY CONTACT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number and Street City State Zip

### V. CONFIDENTIAL INFORMATION

Has any academic or disciplinary action been taken against you at any college or university you have previously attended?  Yes  No

**If yes, attach a letter of explanation.**

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

**If yes, attach a letter of explanation.**

**I hereby certify that all information given on this application is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to:

**Caylor School of Nursing  
Lincoln Memorial University  
6965 Cumberland Gap Parkway  
Harrogate, Tennessee 37752**

08/30/10 ag