

GRE General _____ Verbal _____ Quantitative _____ Analytical _____ Writing _____
 (Date) (Score) (Score) (Score) (Score)

Test of English as a Foreign Language (iTOEFL): Date _____ Scores: Total: _____ Speaking _____ Listening _____
 Reading _____ Writing _____

If you have not yet taken the required tests, when do you plan to do so?
 Planned GRE Date _____ Planned iTOEFL Date _____

Ethnicity/Race: _____ (Voluntary: for reporting purposes only)

CITIZENSHIP: (Check appropriate boxes and complete relevant information)

Are you a U.S. Citizen? Yes No Country of Birth _____ Country of Citizenship _____

Do you currently have a visa? Yes No If yes, what type? _____ (specify)

I entered the U.S. on ____ - ____ - ____ (Date). My I-94 expires on ____ - ____ - 20 ____ (“admitted until date”)

CONFIDENTIAL INFORMATION: Clinical placements may require background checks and drug screens. In certain situations, investigative background reports are ongoing and may be conducted at any time. Access to the program may be denied at any time by the clinical agency or Lincoln Memorial University.

Are you currently on probation, under court restriction, or have you ever been convicted of a crime other than a minor traffic violation? Yes No (If “yes”, attach an explanation)

REFERENCES: On the application instruction sheet, you are asked to submit references from three persons. Please list the name, address and position of each:

Name	Address	Position

LICENSURE INFORMATION:

An unencumbered Tennessee license is required prior to enrolling in clinical courses. Clinical placement in neighboring states may require additional licensure.

In which states are you licensed as a Registered Nurse?

State: _____ License Number: _____ Expires _____

State: _____ License Number: _____ Expires _____

If not licensed, when will you take the NCLEX-RN? _____

COMPLIANCE STATEMENT

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial or dismissal from the program.

Signature of Applicant _____ Date _____

Please send **ALL** completed application materials (this application, your letter, 3 sealed letters of reference, resume) along with a check for \$25 to: **Lincoln Memorial University, Caylor School of Nursing, 6965 Cumberland Gap Parkway, Harrogate, Tennessee, 37752.**

Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.

How did you find out about our program? _____

For MSN Program: Undergraduate Equivalency Form (Supplemental Form A)
Complete only if one or more of the following courses does not appear on your transcript.

Course	How did you obtain proficiency? (circle and fill in as appropriate)	Suggested Documentation (attach copies)
Physical Assessment Course/Skills (attach separate sheet describing specific skills or competencies)	Integrated in course number _____ titled _____ _____ _____ On the job training Where? _____ By whom? _____ _____ Continuing education When? _____ Describe: _____ _____ CEUs awarded? _____ _____ _____	Syllabus, course outline, or letter from program director/instructor Letter from supervisor describing your instruction and proficiency in physical assessment Description/documentation of CEUs
Nursing Research Course (attach separate sheet describing specific skills or competencies)	Research course in another discipline _____ _____ Honors research project _____ _____ Involved in clinical trials _____ _____ Completion of research nurse certificate _____ _____ _____	Transcript Course outline, syllabus, letter from instructor Transcript Course outline, syllabus, letter from instructor Describe, letter from research director/investigator/ or employer Certificate CEUs
Introductory Statistics Course (attach separate sheet describing specific skills or competencies)	Integrated into a research or science course Course number _____ titled _____ Integrated into a mathematics or probability course Course number _____ titled _____ Extensive upper level mathematics coursework Describe: _____	Transcript Course outline, syllabus, letter from instructor
Basic Computer Course/Skills (attach separate sheet describing specific skills or competencies)	Employer provided training _____ _____ Self-taught: Describe: _____ _____ Continuing Ed _____ _____ _____	Letter from employer Description of competencies: ie, MS Word; e-mail use; internet use, stats programs, Power Point, etc. CEUs

**The Nursing Admissions Committee will review this material and submitted documentation.
 The decision to waive any undergraduate course requirements will be final.**

Lincoln Memorial University MSN Application

Supplemental Form B: Resume Form

Complete ONLY if you do not have a resume to attach to your application.

Name: _____
Last First Middle Initial

Social Security Number: _____ Date of Birth: _____ - _____ - 19____ Male ___ Female ___
Month day year

Street/Number Apt #

City State/Country Zip

Telephone: (Home) _____ (Business) _____ (Cell) _____

Employment: *(List in reverse chronological order)*

Organization	City/State	Dates	Title	Major Duties/ Accomplishments

(Continue on page 2 if needed)

Military service: ___ Yes ___ No If yes, describe: _____

Academic scholarships, awards or honors

Professional awards, professional memberships (note offices held, if any)

Professional presentations/publications

Community service

Resume Form

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(Use this page only if needed to list additional previous employers)

Name: _____
Last First Middle Initial

Employment: *(List in reverse chronological order)*

Organization	City/State	Dates	Title	Major Duties/ Accomplishments



For MSN Program: Graduate Nursing Student Applicant Rating Form

Section I (to be completed by Applicant): Complete this section before giving this form to the person who will evaluate you. Be sure to indicate whether or not you wish to waive your right to access this reference. Give this form and a business size envelope to the person. Arrange to have the individual return the completed form to you in the sealed envelope. Place all three completed and unopened recommendation forms and all other completed application documents in your application packet and mail to **Lincoln Memorial University, Caylor School of Nursing, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.**

Name (Print) _____ Soc. Sec. Number _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip Code)

Intended concentration _____ Expected Date of Admission _____

Name of Evaluator to whom you gave this form: _____

How long and in what capacity has this evaluator known you? _____

The Family Education Rights Act of 1974 and its amendments guarantee students access to their educational records. Students can choose to waive their rights of access concerning recommendations. Please indicate your wish by checking the appropriate place below and signing.

I waive my right to inspect this recommendation now and in the future.

I do not waive my right to inspect this recommendation.

Signature

Date

Section II (to be completed by Evaluator): This individual has applied for admission to the Masters of Science in Nursing program, Family Nurse Practitioner concentration, at Lincoln Memorial University, Caylor School of Nursing. The Admissions Committee at LMU values your honest assessment of the applicant's suitability for graduate preparation as an advanced practice nurse. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may choose to return the form uncompleted. Please complete and sign this form, place it in the envelope, seal and sign the envelope across its seal, and return to the applicant. The applicant will mail the unopened recommendation, along with other application documents, to the Caylor School of Nursing.

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

Please evaluate the applicant in the following areas:

INTELLECTUAL ABILITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

INTEGRITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

CLINICAL JUDGMENT

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

EMOTIONAL MATURITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

DISPOSITION/ATTITUDE

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

COOPERATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

QUALITY OF WORK

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

WORK ETHIC

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

How would you rate this applicant in overall ability, motivation, and promise compared with other nurses with similar training and experience who wish to attend graduate school?
(Please circle the appropriate number below.)

4	3	2	1	0	NA
Equal to the best in any program	Will perform at a superior level in graduate school	Performance should be up to the average of most graduate nursing students	Qualifications are marginal, but warrants further consideration <i>(explain below)</i>	Questionable whether admission to graduate school is warranted <i>(explain below)</i>	Unable to judge

Remarks: _____
 _____ (May attach another sheet.)

Signature: _____ Date: _____ Title: _____

Highest Earned Degree: _____ Telephone: _____

E-mail address (optional): _____

Thank you for your assistance.

Please sign, date, & place in the envelope; then please seal & sign the envelope across its seal and return to the applicant.