

LINCOLN MEMORIAL  
UNIVERSITY



Applying for:

- BSN
- RN-BSN

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

**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 America
- \_\_\_ 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**

10/9/09 lm