

Mail completed application to:  
**Caylor School of Nursing**  
Lincoln Memorial University  
6965 Cumberland Gap Parkway  
Harrogate, Tennessee 37752

**LINCOLN MEMORIAL UNIVERSITY**  
**Application for Admission**  
**Caylor School of Nursing**

**Nursing Program :**  
ASN ف

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

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

Home Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip

Permanent Address: \_\_\_\_\_  
Number & Street City State Zip

List any responsibilities you have that might interrupt or interfere with your program? \_\_\_\_\_

List professional or business experience with facts and dates:

Name and Location of Agency	Dates:		Description of Duties
	From	To	

If you have attended any similar professional program previously, give the following information on each program:

Name of School: \_\_\_\_\_

City and State: \_\_\_\_\_

Type of Certificate: \_\_\_\_\_ Date Completed: \_\_\_\_\_

The nursing program at Lincoln Memorial University has four teaching sites. Please indicate your 1,2,3 and 4 choice:

\_\_\_\_\_ On campus (Harrogate, TN)      \_\_\_\_\_ St. Mary's Medical Center (Knoxville, TN)  
\_\_\_\_\_ Baptist Regional Medical Center (Corbin, KY)      \_\_\_\_\_ Blount County (Alcoa, TN)

When do you wish to enter the Nursing program? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address State Zip

*I hereby certify that, to the best of my knowledge, the above information is true.*

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