

RN to BSN Application

Please choose only one delivery method and semester

Course delivery option applying for: Online Semester applying for: Fall 20_____
 Hybrid (online and seat) Spring 20_____
Summer 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 _____

Email _____

CITIZENSHIP (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? ___ Yes ___ No

If no, Country of Birth: _____ Country of Citizenship: _____

Do you currently have a U.S. Visa? ___ Yes ___ No If yes, what type? _____ (Specify)

ETHNICITY – OPTIONAL (CHECK ONE)

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

GENDER

___ Female
 ___ Male

II. EDUCATION (PLEASE LIST ALL PREVIOUSLY ATTENDED INSTITUTIONS)

| NAME OF INSTITUTION | YEAR ATTENDED | MAJOR | DEGREE AWARDED | YEAR AWARDED |
|---------------------|---------------|-------|----------------|--------------|
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HAVE YOU ATTENDED A PREVIOUS NURSING PROGRAM OR TAKEN NURSING COURSES? ___ **YES** ___ **NO**

IF YES, WHERE? _____ WHEN? _____

IF NURSING DEGREE NOT COMPLETED, WHY? (USE A SEPARATE PIECE OF PAPER IF NECESSARY)

III. PROFESSIONAL OR BUSINESS EXPERIENCE

USE A SEPARATE PIECE OF PAPER IF NECESSARY.

| NAME AND LOCATION OF AGENCY | START DATE | END DATE | DESCRIPTION OF DUTIES |
|-----------------------------|------------|----------|-----------------------|
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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.

Are you currently on probation, parole, under court restriction or 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

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|---|
| For office use only: Student ID #: _____ Date Received: _____ University Application Status: _____ |
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