

## Bachelor of Science in Nursing (RN-BSN) Application Checklist

- Complete and submit an application to Lincoln Memorial University  
To be considered, applicants must be formally accepted to the university. If you have not already done so, please complete the University Application by visiting [www.LMUnet.edu](http://www.LMUnet.edu) and clicking the “Apply Now” link at the top right hand side of the page.
- Submit Official Transcripts  
Also, official transcripts from all previously attended institutions need to be requested. These should be sent to the Office of Admissions, located on the main campus in Harrogate, TN, regardless of location to which the applicant is applying.
- Complete and submit the RN-BSN application (following pages)  
Fields in **RED** are required. Applicants may apply for **one program, location and semester** at a time.

Student can submit three different ways:

- A) Clicking the submission button will open an email to the Caylor School of Nursing with the completed application attached. Applicants can also attach any letters of explanation to this email. Confirm the completed pdf attaches to the email before sending.
- B) Attaching the completed pdf to an email and sending to [derek.massengill@LMUnet.edu](mailto:derek.massengill@LMUnet.edu) with the subject: **Form Returned: RNtoBSN\_Application.pdf**. Applicants can also attach any letters of explanation to this email.
- C) Completing the form, printing and mailing to:  
LMU Caylor School of Nursing  
6965 Cumberland Gap Parkway  
Harrogate, TN 37752


Acceptance to LMU does not guarantee acceptance to the Bachelor of Science in Nursing (RN-BSN) program.

If you have problems submitting the application you may need set up your email for Adobe Reader.

To change or add email accounts for Adobe Reader:

- Open the Preferences dialog box
- Under Categories, select Email Accounts
- From the dropdown box, select the appropriate option
- Follow the on-screen prompts to add your email

From the web version of Adobe Reader:

- Turn on Adobe toolbars by clicking the Acrobat symbol
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- Click the envelope icon at the top of the screen
  - Follow the on-screen prompts to send the email

If you have additional problems with submission, please contact **423.869.6743**.

**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	___ Black or African American	___ Pacific Islander	<b>GENDER</b>
___ Asian	___ Non-resident Alien	___ White	___ Female
___ Other			___ Male

**II. EDUCATION (PLEASE LIST ALL PREVIOUSLY ATTENDED INSTITUTIONS)**

NAME OF INSTITUTION	YEAR ATTENDED	MAJOR	DEGREE AWARDED (IF APPLICABLE)	YEAR AWARDED (IF APPLICABLE)

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

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

IF NURSING DEGREE NOT COMPLETED, WHY? (You can also attach a letter of explanation when you submit the application.)  
\_\_\_\_\_  
\_\_\_\_\_

**III. PROFESSIONAL OR BUSINESS EXPERIENCE**

(LIST YOUR MOST RECENT EXPERIENCE. NO RESUMES)

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 Code

**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 when you submit the application.**

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 when you submit the application.**

*By signing this application electronically, I certify that I have read and understood the questions and statements in this application and that my answers are correct and complete to the best of my knowledge. I further agree that my E-Signature is the equivalent of my written signature on this application. I also agree that no certification authority or other third party verification is necessary to validate my E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of my E-Signature. I understand and agree that my E-Signature has the same legal effect as my handwritten signature and can be enforced in the same manner.*

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

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