



UNIVERSITY
of MOBILE

SCHOOL OF NURSING

Application for Admission to Traditional BSN Nursing (TBSN)

Semester, Year Applying For: _____ Student ID _____

Legal Name: (Last) _____, (First) _____, (Middle) _____, (Maiden) _____

Mailing Address: _____ City, State, Zip: _____

Email Address _____ D/O/B: _____ Phone Number: _____

Ethnic Background:

____ Native American _____ Hispanic American, Latina, Chicana

____ African American, Black _____ Asian American, Pacific Islander

____ European American, Caucasian, White _____ Other (Please Specify) _____

Educational Background:

College or University that you are currently attending: _____

If you are not currently attending the University Of Mobile, have you applied for admission to UM? ____ Yes ____ No

Have you been enrolled in any **CLINICAL** nursing courses at the University Of Mobile? ____ Yes ____ No

If yes, please list the clinical courses you have taken and indicate if successfully completed. _____

Have you been enrolled in any **CLINICAL** nursing courses at another college or university? _____

If yes, list the date and place where taken. Attach a description of the clinical courses you have already taken. _____

Have you been told that you cannot go to a clinical agency? ____ Yes ____ No

List all institutions of higher education attended. Please list dates attended. _____

_____ If you have not already done so, a final transcript from each of these institutions should be submitted to the Enrollment Services immediately.

Have you had a criminal conviction? ____ Yes ____ No

Have you completed the following courses with a "C" or better (indicate yes or no)?

____ BIO 201 – Anatomy & Physiology I _____ MA 211 – Elementary Statistics

____ BIO 202 – Anatomy & Physiology II _____ NU 252 – Professional Socialization

____ BIO 301 – Microbiology _____ PSY 301 – Human Growth & Development

____ MA 107 – Structure Of Math **OR** MA 110 – Intermediate Algebra

If not, are you currently enrolled or pre-registered to take any of these courses? Where? Please be specific: _____

*If you have taken the ACT, what is your score? _____ If no, date ACT is to be taken? _____

If you have taken the HESI exam, what is your score? _____ If no, date HESI is to be taken? _____

(All students entering the TBSN program must have a minimum score on the ACT of 21 **OR** a HESI score of 80%. Students who have earned 24 or more semester hours with a minimum GPA of 3.00 are exempt from the ACT or HESI requirement.)

*Do you currently hold a Bachelor's Degree? ____ Yes ____ No Graduate Degree? ____ Yes ____ No If yes, list degree, date, and university where earned: _____

I certify that I am willing to furnish the School of Nursing a completed medical history and physical examination on appropriate forms prior to beginning clinical nursing. I also am willing to provide evidence of specific immunizations prior to that time. I further certify that I have no know physical or emotional handicaps that would interfere with my ability to fulfill the expectations for the nursing professional nor have I ever been convicted of a criminal offense. Application for admission to the School of Nursing and to write the licensure examination may be denied based on conviction of criminal offenses. I hereby grant permission for the necessary records to determine my admission status to be released to the School of nursing. I UNDERSTAND THAT ALL APPLICANTS MUST MEET THE CURRENT REQUIREMENTS FOR ADMISSION REGARDLESS FO THE DATE THE STUDENT WAS ADMITTED TO THE UNIVERSITY OF MOBILE.

Signature: _____ Date: _____