

**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:

<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American, Latina, Chica
<input type="checkbox"/> African American, Black	<input type="checkbox"/> Asian American, Pacific Islander
<input type="checkbox"/> European American, Caucasian, White	<input type="checkbox"/> 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. _____

Have you been told 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:

**All students entering the TBSN program must have an ACT composite score of 21 or greater.*

*Students with a minimum GPA of 3.00 are exempt from the ACT. *If you have taken the ACT, what was your score? _____ If no, date ACT is to be taken? _____*

**Do you currently hold a Bachelor's Degree? _____ Yes _____ No, Graduate Degree? _____ Yes _____ No*

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 known 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 OF THE DATE THE STUDENT WAS ADMITTED TO THE UNIVERSITY OF MOBILE.

Signature: _____ *Date:* _____