**Application Deadline: April 1st**

# UNIVERSITY OF MOBILE SCHOOL OF NURSING

## *Application for Admission for*

## *BSN Clinical Nursing*

*This is a confidential application, and the information herein will be shared only with personnel authorized to use it. Upon completion of this application, sign and return it to:* ***University of Mobile School of Nursing, 5735 College Parkway, Mobile, AL 36613***

**Personal Data:** Semester, Year Applying For: _____

Social Security Number:_____ Phone Number(s): _____ /_____

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

Name You Prefer To Go By: _____ E-Mail Address:_____

Mailing Address:_____

City, State, Zip:_____

**Optional Information:**

*Age*:_____

*Ethnic Background:*
- ❍ Native American
- ❍ African American, Black
- ❍ European American, Caucasian, White
- ❍ Hispanic American, Latina, Chicana
- ❍ Asian American, Pacific Islander
- ❍ 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? ___Yes ___No

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

_____

_____

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 Admissions Office immediately.*

_____

_____

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

_____ BIO 201 – Anatomy & Physiology I
_____ BIO 202 – Anatomy & Physiology II
_____ BIO 301 – Microbiology
_____ MA 107 or MA 110 or MA 111 – Algebra
_____ NU 252 – Professional Socialization
_____ NU 301 – Human Growth & Development
_____ PSY 315 – Abnormal Psychology

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

_____

All students entering the BSN program (unless they have previously earned a bachelor's degree or higher) must have an ACT score of 21 or better. Have you submitted official ACT scores to the Admissions Office of the University of Mobile? ____Yes ____No

*If Yes, ACT Score _____ and date taken or date to be taken _____.*

Do you currently hold a Bachelor's Degree? ___Yes ___No If Yes, list degree, date, and university where earned below:

*Degree*_____ *Date*_____ *Where*_____

Are you an ROTC student? _____ A currently licensed RN? _____ A currently licensed LPN? _____

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: _____

**All transcripts and admission information must be received in the Admissions Office by June 2nd**