

**UNIVERSITY OF MOBILE SCHOOL OF NURSING
ASSOCIATE DEGREE IN NURSING – A.D.N.**

All students entering the ADN program beginning Fall 2007 must have one of the following:

1) A minimum score of 21 on the ACT exam.

Students who wish to take the ACT exam should contact the University of Mobile Admissions Office for testing information and registration packets at 251-442-2273.

- or -

2) A minimum percentile score of 55 on the NLN-PAX-RN.

To register for the PAX complete the bottom portion of this form and return to the School of Nursing. Your registration must be RECEIVED at least two weeks prior to testing date. Space is limited so please register early.

A non-refundable payment of \$40.00 must be received with your registration form.

Money Orders and Cash ONLY – No personal checks accepted.

**** Remember, your testing fee is non-refundable**

NLN-PAX-RN Test Dates	Registration Deadline *(by NOON)*
Thursday, February 1, 2007	Thursday, January 11, 2007
Thursday, March 1, 2007	Thursday, February 15, 2007
Thursday, April 19, 2007	Thursday, March 29, 2007

*Testing will take place in Harrigan Auditorium (FLC Auditorium). Please arrive no later than 9:45 a.m. in order to sign in and receive instructions. Bring two sharpened #2 pencils. The test will begin promptly at 10:00 a.m. There will be no late admittance. Be prepared to stay until at least 2:00 p.m. Only students who have pre-registered and pre-paid by the (12:00 NOON) Registration Deadline will be allowed to test. *No Exceptions.*

Keep the top portion of this page for your reference, return the part below.

*Please complete the information below for Registering and return to the School of Nursing with a **Money Order or Cash for \$40.00**. There are 2 methods of Registering (see instructions below for Mailing-In Payment or Registering-In-Person).*

1. Mailing

University of Mobile, School of Nursing
5735 College Parkway
Mobile, AL 36613
Attn: Vicky Stringer

2. Registering-In-Person

*Come to the Nursing Complex Building (gray trailer directly behind Lyon Chapel) and **see: Vicky Stringer***

Name: _____ Social Security No: _____

Address: _____ Phone: _____

City, State, Zip: _____

Choose test date requested:

_____ Thursday, February 1, 2007
_____ Thursday, March 1, 2007
_____ Thursday, April 19, 2007

Payment type:

_____ Cash
_____ Money order