

Application Deadline: April 1st

UNIVERSITY OF MOBILE SCHOOL OF NURSING
Application for Admission for
ADN 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 Hispanic American, Latina, Chicana
 African American, Black Asian American, Pacific Islander
 European American, Caucasian, White Other (Please Specify): _____

Educational Background:

**** ALL NURSING STUDENTS are required to have a final high school transcript or acceptable GED scores on file in the Admissions Office.**

Have you sent a final high school transcript or your GED scores to the Admissions Office? ___ Yes ___ No

Comments: _____

List all institutions of higher education attended. If none, state NONE. Otherwise, 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. Your application cannot be processed until all transcripts are received.* Please note that all natural science courses must have been completed in the last five years to receive credit. _____

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

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 completed (if not taken at UM).

Indicate if courses were successfully completed. _____

Pre-Entrance Testing:

An ACT score of 21 or a PAX score of 55 (percentile score, not raw score) is required for ADN applicants. Applicants who hold a Bachelor's degree from an accredited institution are exempt from the ACT or PAX.

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 on _____.

Have you taken the NLN-PAX-RN? ___ Yes ___ No ___ No, but I'm registered to take the test on: _____ (date)

If yes, did you take it at the University of Mobile? _____ When? _____

If taken elsewhere, have you requested a copy of your scores from NLN to be sent to UM? _____

Do you currently hold a Bachelor's Degree? ___ Yes ___ No If Yes, list degree, date, and university where earned below:

Degree _____ Date _____ Where _____

Professional Information:

Are you currently a licensed LPN? ___ Yes ___ No ***If yes, please complete the LPN to ADN clinical application..***

I certify that I am willing to furnish the School of Nursing a completed medical history (including specific immunization records) & physical examination on appropriate forms prior to beginning clinical nursing. I will maintain CPR certification while enrolled in the ADN program. 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 1st