

Application Deadline: April 1st

UNIVERSITY OF MOBILE SCHOOL OF NURSING

***Application for Admission for
LPN to 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): _____

Professional Information:

Are you currently a licensed LPN? ___ Yes ___ No

If yes, in what state(s) do you hold a license? _____

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.* _____

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 taken (if not taken at the University of Mobile.) Please indicate if successfully completed. Do not include clinical courses taken in an LPN program. _____

Have you completed the following courses with a "C" or better (*Indicate yes or no, if enrolled now, or your plans about taking these courses.*)

Course	Comments	Course	Comments
BIO 201 – Human Anatomy & Physiology I		BIO 202 – Human Anatomy & Physiology II	
BIO 301 – Microbiology		NU (or PSY) 301 – Human Growth & Development	

Pre-Entrance Testing:

An ACT score of 21 or a minimum percentile score of 55 on the NLN-PAX-RN is required. 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, 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 _____

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: _____