

**Application Deadline: April 1<sup>st</sup>**

**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  Hispanic American, Latina, Chicana  
 African American, Black  Asian American, Pacific Islander  
 European American, Caucasian, White  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     | _____ | NU 252 – Professional Socialization |
| _____ | BIO 202 – Anatomy & Physiology II    | _____ | NU 301 – Human Growth & Development |
| _____ | BIO 301 – Microbiology               | _____ | PSY 315 – Abnormal Psychology       |
| _____ | MA 107 or MA 110 or MA 111 – Algebra |       |                                     |

*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 1<sup>st</sup>**