



**HAVE YOU EVER APPLIED TO A NURSING PROGRAM AT LMU?** \_\_\_ YES \_\_\_ NO

**HAVE YOU ATTENDED A PREVIOUS NURSING PROGRAM OR TAKEN NURSING COURSES?** \_\_\_ YES \_\_\_ NO

IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

IF NURSING DEGREE NOT COMPLETED, WHY? (USE A SEPARATE PIECE OF PAPER IF NECESSARY)

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### III. PROFESSIONAL OR BUSINESS EXPERIENCE

USE A SEPARATE SHEET OF PAPER IF NECESSARY.

NAME AND LOCATION OF AGENCY	START DATE	END DATE	DESCRIPTION OF DUTIES

### IV. EMERGENCY CONTACT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number and Street City State Zip

### V. CONFIDENTIAL INFORMATION

Has any academic or disciplinary action been taken against you at any college or university you have previously attended? \_\_\_ Yes \_\_\_ No

**If yes, attach a letter of explanation.**

Are you currently on probation, parole, under court restriction or have you ever been convicted of a crime other than a minor traffic violation? \_\_\_ Yes \_\_\_ No

**If yes, attach a letter of explanation.**

**I hereby certify that all information given on this application is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail completed application to: Scan and email to:  
**Caylor School of Nursing** or **derek.massengill@lmunet.edu**  
**Lincoln Memorial University**  
**6965 Cumberland Gap Parkway**  
**Harrogate, Tennessee 37752**

For office use only: Student ID #: _____ Date Received: _____ University Application Status: _____
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\*Accelerated - Fall, Spring, Summer, Fall.

\*\*Traditional - Fall, Spring, Fall, Spring.