

## RN to BSN Application

Please choose only one delivery method and semester

Course delivery option applying for:  Online  Hybrid (online and seat)

Semester applying for: Fall 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Summer 20\_\_\_\_

### I. DEMOGRAPHICS

Print Name \_\_\_\_\_  
 Last First Middle

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
 Number and Street City State Zip Code

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

#### CITIZENSHIP (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

If no, Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Do you currently have a U.S. Visa? \_\_\_ Yes \_\_\_ No If yes, what type? \_\_\_\_\_ (Specify)

#### ETHNICITY – OPTIONAL (CHECK ONE)

\_\_\_ American Indian \_\_\_ Pacific Islander  
 \_\_\_ Asian \_\_\_ White  
 \_\_\_ Black or African American \_\_\_ Non-resident Alien  
 \_\_\_ Other

#### GENDER

\_\_\_ Female  
 \_\_\_ Male

### II. EDUCATION (PLEASE LIST ALL PREVIOUSLY ATTENDED INSTITUTIONS)

NAME OF INSTITUTION	YEAR ATTENDED	MAJOR	DEGREE AWARDED	YEAR AWARDED

**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 PIECE 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:  
**Caylor School of Nursing**  
**Lincoln Memorial University**  
**6965 Cumberland Gap Parkway**  
**Harrogate, Tennessee 37752**

Scan and email to:  
or **derek.massengill@lmunet.edu**

For office use only: Student ID #: _____ Date Received: _____ University Application Status: _____
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