



Tampa Undergraduate Nursing Application

The following is for applicants wishing to be considered for a Nursing program offered at LMU’s Tampa off-campus site (located at AdventHealth Tampa Healthpark). Applicants may apply for **one program**. The program begins only during the semester located to the right of the program title. Please indicate which year you wish to be considered.

- Program applying for:** (choose one) **Associate of Science in Nursing (ASN)** starting **Spring 20** ____
 LPN to Associate of Science in Nursing starting **Summer 20** ____
 Bachelor of Science in Nursing (BSN) starting **Fall 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 Black or African American Pacific Islander
 Asian Non-resident Alien White
 Other

GENDER

- Female
 Male

II. EDUCATION (PLEASE LIST ALL PREVIOUSLY ATTENDED INSTITUTIONS)

NAME OF INSTITUTION	YEAR ATTENDED	MAJOR	DEGREE AWARDED (IF APPLICABLE)	YEAR AWARDED (IF APPLICABLE)

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? (You can also attach a letter of explanation when you submit the application.)

III. PROFESSIONAL OR BUSINESS EXPERIENCE

(LIST YOUR MOST RECENT EXPERIENCE. NO RESUMES)

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 Code

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 when you submit the application.

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 when you submit the application.

Clinical rotations are a requirement to complete the nursing program. Facilities in the Advent Health system (formally Florida Hospital) are currently providing the majority of the clinical rotations for the Tampa extended site. Have you ever been employed by Advent Health System? Yes No

If yes, are you eligible for rehire? Yes No

Signature: _____ **Date:** _____

Mail completed application to:
Caylor School of Nursing
Lincoln Memorial University
3102 E. 138th Avenue
Tampa, FL 33613

or

Scan and email to:
ines.starkey@lmunet.edu

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