THE UNIVERSITY OF TENNESSEE AT MARTIN
BACHELOR OF SCIENCE IN NURSING

CHECKLIST FOR ADMISSIONS TO THE CLINICAL NURSING PROGRAM

For full consideration for admission to the clinical nursing program,

♦ Before February 1st all students not currently enrolled at UTM must:

1. Apply for admission to the University of Tennessee at Martin
2. Submit official high school & college transcripts, & test scores to the UTM registrar’s office

♦ Before February 15th all students must have submitted to the Department of Nursing:

1. A completed “Admissions Application to the Clinical Nursing Program”,
2. Results from the Kaplan Nursing exam
   o Schedule Exam at the UTM Office of Testing Services website http://www.utm.edu/departments/success/testing.php
   o Refer to “Kaplan Nursing Exam Information” sheet
   o Contact the UTM Office of Testing Services, located in Clement Hall, Room 211, (731-881-7727) or success@utm.edu for questions about the exam and fees.
3. A typed double-spaced statement between 250 to 500 words addressing the following:
   o Explain why you selected nursing as a major.
   o Identify qualities you possess that will help you succeed in the nursing profession.
   o Describe a situation where you overcame a challenge to achieve a personal goal.
4. If you are a transfer student, a copy of ALL transcripts,
5. Secure all documents together with one staple in the upper left corner, and
6. Mail all documents to:

   The University of Tennessee at Martin
   Department of Nursing
   538 University Street, Gooch Hall Suite 136
   Martin, TN 38238-5054
THE UNIVERSITY OF TENNESSEE AT MARTIN
BACHELOR OF SCIENCE IN NURSING

ADMISSIONS APPLICATION TO THE CLINICAL NURSING PROGRAM

♦ Note: Incomplete applications will not be reviewed

Date: __________________________  UTM Student ID # __________________________

Name: ________________________________________________________________

Last  First  (preferred)  Middle  Maiden

Permanent Address: ______________________________________________________

Street  City  State  Zip

Date of Birth: __________________________  Gender: Male  Female

Phone Numbers: Home: ( _____ ) ___________  Cell Phone Number: ( _____ ) ___________

E-Mail Address: __________________________

Date of High School Graduation: _______________  or GED Examination: _______________

Legal Standing
Students accepted into the nursing program will be required to complete a background check and a urine drug screen prior to entering nursing clinical courses. A nursing student may be subjected to random checks and screening by the Department of Nursing or clinical agency.

1. Have you ever been arrested and convicted for a felony offense? __________ If yes, please explain:

2. Have you ever applied to UT Martin’s Nursing Program:  YES  NO  If yes, when? __________

3. Are you currently enrolled in the UTM ROTC program  YES  NO

4. Educational institution currently attending: __________________________

5. Complete the following information for all educational institutions attended since high school:

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>Dates Attended</th>
<th>Degree earned (if any)</th>
<th>Reason for leaving if enrolled in nursing</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Complete the following information for any health care licensure or certification:

<table>
<thead>
<tr>
<th>Licensure/Certification</th>
<th>Granting Agency</th>
<th>Number</th>
<th>Expiration Date</th>
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<tbody>
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</table>

-Continued on back-
Indicate the semester in which the following courses were/will be completed with a grade of C or better.

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester of Completion</th>
<th>Projected Date of Completion</th>
<th>School Where Completed</th>
<th>Course</th>
<th>Semester of Completion</th>
<th>Projected Date of Completion</th>
<th>School Where Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Chem 121*</td>
<td></td>
<td></td>
<td></td>
<td>Microbiology 251*</td>
<td></td>
<td></td>
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<tr>
<td>Zoology 251*</td>
<td></td>
<td></td>
<td></td>
<td>Psychology 101*</td>
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<td>Zoology 352</td>
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<td></td>
<td></td>
<td>Mathematics 140*</td>
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<tr>
<td>English 111²</td>
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<td></td>
<td></td>
<td>English 112</td>
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</tbody>
</table>

*Courses that MUST be completed before starting nursing clinical courses.

1 or 100-110; or 185; or 251
2 or 100-110

For Office Use Only

<table>
<thead>
<tr>
<th>I. D. #</th>
<th>Prerequisites</th>
<th>Other curriculum courses</th>
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<tbody>
<tr>
<td>B T R CE</td>
<td>Zool 251</td>
<td>Zool 352</td>
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<tr>
<td>HSGPA</td>
<td>Chem 121</td>
<td>Math 210</td>
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<tr>
<td>GED</td>
<td>Math 140</td>
<td>CFS 211</td>
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<td>CGPA</td>
<td>Micro 251</td>
<td>Psych 313</td>
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<td>Sci</td>
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<tr>
<td>Passed/Attempted</td>
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<td>Pre-RN</td>
</tr>
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</table>

This program is accredited by:
National League for Nursing Accrediting Commission (NLNAC)
61 Broadway – 33rd Floor
New York City, New York 10006
1-800-669-1656 Ext. 153

Revised September, 2012