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
   
   ○ Schedule Exam at the UTM Office of Testing Services website
     http://www.utm.edu/departments/success/testing.php
   
   ○ Refer to “Kaplan Nursing Exam Information” sheet
   
   ○ 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 – Parsons Center
   Department of Nursing
   975 Tennessee Ave. North
   Parsons, TN 38363
THE UNIVERSITY OF TENNESSEE AT MARTIN
Parsons Center
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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-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>
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</thead>
<tbody>
<tr>
<td>General Chem 121*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoology 251*</td>
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<td></td>
<td></td>
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<tr>
<td>Zoology 352</td>
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<td></td>
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<tr>
<td>English 111²</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Microbiology 251*</td>
<td></td>
<td></td>
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<tr>
<td>Psychology 101*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mathematics 140*１</td>
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<tr>
<td>English 112</td>
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</table>

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

1 or 100-110; or 185; or 251

2 or 100-110

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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>
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<tr>
<td>ACT</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>
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<td>Psych 313</td>
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<td>Sci</td>
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</table>

Passed/Attempted ______/______

Pre-RN __________________

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This program is accredited by:
Accreditation Commission for Education in Nursing (ACEN)
3343 Peach Tree Rd NE
Suite 850
Atlanta, GA 30326
(404) 975-5000

Revised October, 2013