

THE UNIVERSITY OF TENNESSEE AT MARTIN  
BACHELOR OF SCIENCE IN NURSING

CLINICAL NURSING PROGRAM APPLICATION FOR RN to BSN OPTION

To receive full consideration, applications must be submitted by February 1. All test scores, application to the university, and high school and college transcripts must also be on file by February 1. A new application must be submitted each year. Requests for readmission or advanced standing must be submitted on the appropriate application forms.

General education courses required in the nursing curriculum may be taken even if you are not accepted to begin clinical courses in nursing.

Complete and return this application to:  
Department of Nursing  
136 Gooch Hall  
The University of Tennessee at Martin  
Martin, TN 38238-5054

Date \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_  
Last First (Preferred) Middle Maiden

Permanent  
Address \_\_\_\_\_

\_\_\_\_\_  
Street City State ZIP

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_

Phone Numbers: Home \_(\_\_\_\_\_) \_\_\_\_\_ Work  
\_(\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail  
Address \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_ or GED Examination  
\_\_\_\_\_

Indicate the semesters in which the following courses were/will be completed with a grade of C or better:

Course Semester of Completion Course Semester of Completion

General Chemistry 121  
Microbiology 251

Zoology 251  
Psychology 110

English 111  
Psychology 120

English 112  
Computer Science 201

Mathematics 140  
Philosophy 160

Have you ever applied to UT Martin's Nursing programs (AA or BSN)? \_\_\_\_\_ If yes, when? \_\_\_\_\_

- Continued on back -

Legal Standing

Have you ever been arrested and convicted for a criminal offense? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

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

Institution currently attending:

\_\_\_\_\_

(If you are a transfer student, please attach a current copy of your transcript with this application.)

Educational Institution Dates  
Attended Degree earned

(If any) Reason for Leaving if Enrolled in Nursing

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

License/Certification Granting Agency Number Expiration Date

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For Office Use Only

Social Security # \_\_\_\_\_

B T R CE ACT Chem \_\_\_\_\_ Zool \_\_\_\_\_

HSGP \_\_\_\_\_ Comp \_\_\_\_\_ Math \_\_\_\_\_

Eng \_\_\_\_\_ Micro \_\_\_\_\_

GED \_\_\_\_\_ Math \_\_\_\_\_ Psych \_\_\_\_\_

SS \_\_\_\_\_

Midterm:

CGPA \_\_\_\_\_ Sci \_\_\_\_\_ GPA \_\_\_\_\_

Passed/Attempted \_\_\_\_\_/\_\_\_\_\_

Passed/Attempted \_\_\_\_\_/\_\_\_\_\_