



Admissions Application to the Clinical Nursing Program

Bachelor of Science in Nursing - The University of Tennessee at Martin

* Required

* This form will record your name, please fill your name.

SAMPLE

For full consideration for admission to the clinical nursing program:

BEFORE February 15th 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. All required documents should be uploaded to the online form, and all information filled out completely.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED/CONSIDERED.

Nursing Admissions Application Checklist:

Before beginning this application, have the following information ready for submission:

1. Be sure all of your personal information is current and accurate (especially your phone number and email address).
2. Know your Composite ACT score.
3. If a transfer student, you will need Letters of Good Standing from your previous Nursing Program.
4. A copy of all Licensures and Certifications.
5. A copy of your ATI TEAS Pre-Entrance Exam results.
6. If a non-native English speaker, a copy of TOEFL scores.

FOR MORE INFORMATION about the Nursing Admissions Application, go to <https://www.utm.edu/departments/nursing/> (<https://www.utm.edu/departments/nursing/>), and look for the "Nursing Admissions Application Information" link under the Prospective Students tab.

FOR A COPY OF THE QUESTIONS in this application, go to <https://www.utm.edu/departments/nursing/> (<https://www.utm.edu/departments/nursing/>), and look for the "Nursing Application Questions" link under the Prospective Students tab.

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Contact Information:

If you have a question about the Nursing Admissions Application or experience technical difficulties, please contact Melissa Jackson at 731.881.7131 or mjacks69@utm.edu (<mailto:mjacks69@utm.edu>).

You will want to make note of this information before beginning the application process.

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Student Information

*NOTE: Incomplete applications will not be reviewed.

1. Campus: *

- Martin
- Parsons

2. Applying for Advanced Standing *

- Yes
- No

3. Date: *



Format: M/d/yyyy

4. Legal Name: (Last, First, Middle) *

5. Student ID Number: *

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6. Maiden Name:

7. Preferred Name: *

8. Permanent Address: (Street, City, State, Zip Code) *

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9. Date of Birth: *



Format: M/d/yyyy

10. Gender: *

Male

Female

11. Home Phone Number:

12. Cell Phone Number: *

13. *Email Address:

-Be sure that you enter your UTM email address, if currently attending UT Martin.

-If not currently a UTM student, you will need to enter a current email address that you check often.

*This will be how you will be notified whether or not you have been accepted into the Nursing program. *

14. Date of High School Graduation or GED Examination: *



Format: M/d/yyyy

15. Composite ACT Score *

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.

16. Have you ever been arrested and convicted for a felony offense? *

Yes

No

17. If arrested or convicted, please explain:

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18. Have you ever applied to UT Martin's Nursing Program? *

Yes

No

19. If you've applied for UT Martin's Nursing Program, when did you apply?

20. Are you currently enrolled in the UTM ROTC program? *

Yes

No

21. Educational institution currently attending: *

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Education

Complete the following information about enrollment in Nursing programs at previous educational institutions attended since high school:

If you were enrolled in another Nursing program, you must attach a letter of good standing.

22. Have you ever been enrolled in another Nursing program since high school: *

Yes

No

23. Educational Institution 1: *

24. Dates Attended: *

25. Degree Earned: *

26. Reason for leaving: *

SAMPLE

27. Letter of Good Standing from Educational Institution 1: *

↑ Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

28. Educational Institution 2:

29. Dates Attended:

30. Degree Earned:

31. Reason for leaving:

32. Letter of Good Standing for Educational Institution 2:

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33. Please upload a copy of ALL transcripts from all colleges and universities attended.
(If you are a current UT Martin student, you may upload a copy of your transcript from
Banner Self-Service.) *

↑ Upload file

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Licensures & Certifications

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

34. Do you have any Licenses or Certifications? *

Yes

No

35. License or Certification 1: *

36. Granting Agency: *

37. License/Cerification Number: *

38. Expiration Date: *

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39. Upload a Copy of License/Certification 1 *

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40. License or Certification 2:

41. Granting Agency:

42. License/Certification Number:

43. Expiration Date:

44. Upload a Copy of License/Certification 2

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Pre-Requisite Courses

Indicate the semester in which the following courses were or will be completed with a grade of C or better.

45. Semester of Completion or Projected Completion:

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

(1)-or 100-110; or 185; or 251 *

	Fall 2020	Spring 2021	Summer 2021	Other*
Zoology 251*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zoology 352*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology 251*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychology 101*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics 140*(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. *In the previous question, if you answered "Other" for semester of completion or projected completion in which you completed a prerequisite course, please list which semester(s) you attended, and which courses were taken. If this question does not apply to you, answer with "N/A". *

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47. School where courses were completed or will be completed:

*If the school you'll be attending or have attended is not listed, please select "other" and list it on the next line. *

	UTM	Jackson State	Dyersburg State	Volunteer State	Motlow State	Murray State	Other*
Zoology 251*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zoology 352*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology 251*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychology 101*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics 140*(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. *In the previous question, if you answered "Other" for a school in which you completed a prerequisite course, please list which school(s) you attended, and which courses were taken. If this question does not apply to you, answer with "N/A". *

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49. Have you taken Mathematics 210? *

- Yes
- No
- I am currently taking this course. (Spring semester)
- I plan to take this course during the Summer semester.

50. Have you taken Child and Family Studies 211? *

- Yes
- No
- I am currently taking this course. (Spring semester)
- I plan to take this course during the Summer semester.

51. Have you taken Psychology 313? *

- Yes
- No
- I am currently taking this course. (Spring semester)
- I plan to take this course during the Summer semester.

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ATI TEAS Pre-Entrance Exam Results

52. ATI TEAS Exam Score *

53. Upload a copy of your ATI TEAS Exam results. *

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

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TOEFL Scores

TOEFL scores are required for non-native English speakers seeking admission to the BSN Program or RN-BSN Program at the University of Tennessee at Martin.

Applicants must achieve a TOEFL score of at least 550 on the paper test or 80 on the Internet-based test if their native language is not English. A minimum speaking score of 26 is also required. Official scores are required prior to admission and completed within two years of admission to the nursing program. Without acceptable scores, there is no English language conditional admit available. Please provide TOEFL scores with application.

54. I need to submit my TOEFL scores: *

Yes

No

55. TOEFL Score *

56. Upload TOEFL Exam results here: *

 Upload file

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Accreditation Information

This program is accredited by:

Accreditation Commission for Education in Nursing (ACEN), Inc.

3343 Peach Tree Road NE

Suite 850

Atlanta, GA 30326

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