

Please indicate date you are seeking to enroll in the nursing program. Semester _____

PERSONAL DATA

Social Security Number _____ Check if Transfer Student ____ (must complete info on last page)

Full Legal Name _____
Last First MI Maiden

Permanent Mailing Address _____
Street City State Zip

Current Mailing Address _____
Street City State Zip

Phone Numbers _____
Home Mobile Work

Email Address _____

Place of Birth: _____
City County State, Country

Date of Birth (Month, Day, Year) _____ Age _____

Circle the best response to the following:

Are you an American citizen? Yes No If no, country of citizenship: _____

Are you currently serving in the Armed Forces? Yes No Are you a U. S. Veteran? Yes No Active Reserve Retired

Do you hold any professional licenses? Yes No If yes, please list: _____

The laws regulating the practice of nursing state that a convicted felon may be denied a license or the privilege of sitting for national examinations. Bethel University Department of Nursing Clinical Affiliation Agreements state clinical facilities will deny experiences to nursing students who have been convicted of a felony.

If you are selected for provisional admission to Bethel University Department of Nursing, you will be required to submit to a criminal background check and drug testing.

Have you ever been convicted of any violation of criminal law, or is there a current charge against you? Yes No

If the answer to the above question is yes, please attach an explanation of the violation or current charge.

Name _____ Last 4 digits of SS# _____

Have you applied for admission to Bethel University? Yes No

If the answer is no, when do you intend to apply? _____

You must be admitted to Bethel University before you can be admitted to the nursing program.

Have you submitted the \$25.00 application fee to the Bethel University Business Office? Yes No

If no, when do you plan to submit the application fee? _____

Are you a first generation university student? Yes No Are you expecting to be enrolled: Full Time Part Time

Will you be able to provide your own transportation to clinical sites? Yes No

If not, how do you plan to meet this requirement of the nursing program? _____

Will you be working while enrolled in nursing school? Yes No If the answer is yes, estimated hours per week _____

OPTIONAL

The Bethel University Department of Nursing seeks to attract students from all races, ethnic groups and cultural situations in society. We would appreciate you providing the following optional information that will be used for statistical purposes only and will not be considered as part of the admissions decision.

What is your gender? _____ Ethnicity _____

What is your living status/support system? Single Married Living with Significant Other Divorced Widowed

Number of dependents? _____ Ages? _____

EMERGENCY CONTACTS DATA

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Notes: _____

Notes: _____

Name _____ Last 4 digits of SS# _____

EMPLOYMENT DATA

List the two most recent positions and dates of employment.

Employer #1 _____ Dates of Employment _____

Address _____ Duties _____
City State

Employer #2 _____ Dates of Employment _____

Address _____ Duties _____
City State

EDUCATIONAL DATA

List ALL universities, and professional/technical schools attended and forward all transcripts for post-secondary education:

Name of School	City/State	Dates Attended	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List extracurricular activities in which you have participated, including honors bestowed, honorary societies, community service. _____

If there has been a lapse of time since you were in school, how have you occupied your time? _____

REFERENCES

List the Name, Title, and Contact Phone Number of 3 References. Two of these references must be previous instructors willing to provide information regarding your past academic performance.

Name _____ Title _____ Phone Number (include area code) _____

Name _____ Title _____ Phone Number (include area code) _____

Name _____ Title _____ Phone Number (include area code) _____

Name _____ Last 4 digits of SS# _____

*The following prerequisites must be in process or completed with a minimum grade of C prior to enrollment in the Bethel University Department of Nursing:

List the institution where the following prerequisite courses have been completed, or the institution where you are currently enrolled in the prerequisite courses and include the grade you received (write the expected date of completion if the course has not been taken yet). If the equivalent course has a different title, write the course title and the institution where the course was taken, plus the grade you received.

You must have completed all but nine credits at the time of enrollment in the nursing program. The nine credits which may be completed after your enrollment in the nursing program can only be from the required REL or Fine Arts courses.

PRE-REQUISITE COURSE NAME	INSTITUTION WHERE COMPLETED	SEMESTER & YEAR	GRADE
COE 102 - College Orientation Experience			
ENG 101 - Expository Writing			
ENG 111 - Writing About Literature			
REL 111 Old Testament			
REL 112 New Testament			
MTH 111 University Algebra or higher (excluding MTH 113)			
MTH 202 Intro to Statistics			
CHE 111/CHE 111L General Chemistry I			
BIO 111/111L Intro to Biology			
HIS - 3 hours			
HIS - 3 hours			
BIO 201/201L Human A & P I			
BIO 202/202L Human A & P II			
BIO 211/211L Intro to Microbiology			
PSY 211 Human Growth & Development			
SOC 111 Principles of Sociology			
Fine Arts/Humanities Elective			
Fine Arts/Humanities Elective			
Prior Nursing Courses			

If any of the above courses have been repeated to achieve a grade of C or withdrawn from prior to successful completion, please write an explanation of why this occurred. Attach another page if you need more room.

Name _____ Last 4 digits of SS# _____

SIGNATURE

I certify that the statements in this application are true and complete to the best of my knowledge.

I understand that intentional misrepresentation of any of the information contained in this application will result in the refusal of my admittance to the Bethel University Department of Nursing, or will result in the dismissal from Bethel University Department of Nursing should I be admitted before the misrepresentation is discovered.

I consent to the release to Bethel University of any and all of my education records from the Institution(s) I have attended for the purpose of admission consideration. I understand it is my responsibility to ensure all previous education records (transcripts) reach Bethel University, and this application will not be considered complete until all education records (transcripts) reach Bethel University.

Signature

Date

*Submit this application to:
Bethel University Department of Nursing
325 Cherry Ave., McKenzie, TN 38201

*Submit application fee to:
Bethel University Business Office
325 Cherry Ave., McKenzie, TN 38201

*A \$25.00 application fee must be sent to the Bethel University Business Office payable to Bethel University-Department of Nursing. Please write in the memo line on the check that the check is the application fee for the nursing program and the name of the student for whom it is being submitted. The application will not be processed unless the application fee is submitted.

Part of the admission process for the Bethel nursing program is taking the ATI TEAS entrance examination. Please call the Nursing Department at 731-352-6466 to reserve your seat during the scheduled testing dates in January & February.

If you are a transfer student, state reason for transferring from current nursing program to Bethel: _____
