LMU | Caylor School of Nursing
LINCOLN MEMORIAL UNIVERSITY
3102 E. 138th Avenue • Tampa, FL 33613 • 813.331.4614
nursing.LMUnet.edu

Tampa Undergraduate Application Checklist

☐ Complete and submit an application to Lincoln Memorial University
To be considered, applicants must be formally accepted to the university. If you have not already done so, please complete the University Application by visiting www.LMUnet.edu and clicking the "Apply Now" link at the top right hand side of the page.

☐ Submit Official Transcripts
Also, official transcripts from all previously attended institutions need to be requested. These should be sent to the Office of Admissions, located on the main campus in Harrogate, TN, regardless of location to which the applicant is applying.

☐ Complete and submit the Tampa Undergraduate application (following pages)
Fields in RED are required. Applicants may apply for **one program, location and semester** at a time.

Student can submit three different ways:

A) Clicking the submission button will open an email to the Caylor School of Nursing with the completed application attached. Applicants can also attach any letters of explanation to this email. Confirm the completed pdf attaches to the email before sending.

B) Attaching the completed pdf to an email and sending to **juanita.poteet@LMUnet.edu** with the subject: **Form Returned: Tampa_Application.pdf.** Applicants can also attach any letters of explanation to this email.

C) Completing the form, printing and mailing to:
LMU Caylor School of Nursing
Attn: Recruitment/Advising
3102 E. 138th Avenue
Tampa, FL 33612

Acceptance to LMU does not guarantee acceptance to the Associates of Science in Nursing (ASN) or Bachelor of Science of Nursing (BSN) program.

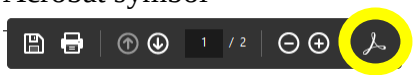
If you have problems submitting the application you may need set up your email for Adobe Reader.

To change or add email accounts for Adobe Reader:

- Open the Preferences dialog box
- Under Categories, select Email Accounts
- From the dropdown box, select the appropriate option
- Follow the on-screen prompts to add your email

From the web version of Adobe Reader:

- Turn on Adobe toolbars by clicking the Acrobat symbol



- Click the envelope icon at the top of the screen
- Follow the on-screen prompts to send the email

If you have additional problems with submission, please contact **813.331.4614**.

Reset Form

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Tampa Undergraduate Nursing Application

The following is for applicants wishing to be considered for a Nursing program offered at LMU's Tampa off-campus site (located at Advent Health Tampa Healthpark). Applicants may apply for **one program**. The program begins only during the semester located to the right of the program title. Please indicate which year you wish to be considered.

Program applying for: *(choose one)*
☐ **Associate of Science in Nursing (ASN)** starting **Spring 20 ____**
☐ **LPN to Associate of Science in Nursing** starting **Summer 20 ____**
☐ **Bachelor of Science in Nursing (BSN)** starting **Fall 20_____**

I. DEMOGRAPHICS

Print Name: _____ _____ _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Home Address: _____ _____ _____ _____
Number and Street City State Zip Code

Telephone Number: _____ Cell Phone Number: _____

Email: _____

CITIZENSHIP (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? ___ Yes ___No

If no, Country of Birth: _____ Country of Citizenship: _____

Do you currently have a U.S. Visa? ___ Yes ___No If yes, what type? _____ (Specify)

ETHNICITY – OPTIONAL (CHECK ONE)

_☐_ American Indian _☐_ Black or African American _☐_ Pacific Islander
_☐_ Asian _☐_ Non-resident Alien _☐_ White
_☐_ Other

GENDER

_☐_Female
_☐_Male

II. EDUCATION (PLEASE LIST ALL PREVIOUSLY ATTENDED INSTITUTIONS)

NAME OF INSTITUTION	YEAR ATTENDED	MAJOR	DEGREE AWARDED (IF APPLICABLE)	YEAR AWARDED (IF APPLICABLE)

HAVE YOU EVER APPLIED TO A NURSING PROGRAM AT LMU? ___ **YES** ___ **NO**
HAVE YOU ATTENDED A PREVIOUS NURSING PROGRAM OR TAKEN NURSING COURSES? ___ **YES** ___ **NO**

IF YES, WHERE?_____WHEN?_____

IF NURSING DEGREE NOT COMPLETED, WHY? (You can also attach a letter of explanation when you submit the application.)

_____

_____

III. PROFESSIONAL OR BUSINESS EXPERIENCE

(LIST YOUR MOST RECENT EXPERIENCE. NO RESUMES)

NAME AND LOCATION OF AGENCY	START DATE	END DATE	DESCRIPTION OF DUTIES

IV. EMERGENCY CONTACT

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

ADDRESS: _____ _____ _____ _____
Number and Street City State Zip Code

V. CONFIDENTIAL INFORMATION

Has any academic or disciplinary action been taken against you at any college or university you have previously attended? ___ Yes ___No
If yes, attach a letter of explanation when you submit the application.

Are you currently on probation, parole, under court restriction or have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___No
If yes, attach a letter of explanation when you submit the application.

Clinical rotations are a requirement to complete the nursing program. Facilities in the Advent Health system (formally Florida Hospital) are currently providing the majority of the clinical rotations for the Tampa extended site.
Have you ever been employed by Advent Health System? ___ Yes ___No
If yes, are you eligible for rehire? ___ Yes ___No

By signing this application electronically, I certify that I have read and understood the questions and statements in this application and that my answers are correct and complete to the best of my knowledge. I further agree that my E-Signature is the equivalent of my written signature on this application. I also agree that no certification authority or other third party verification is necessary to validate my E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of my E-Signature. I understand and agree that my E-Signature has the same legal effect as my handwritten signature and can be enforced in the same manner.

Signature: _____ **Date:** _____

For office use only:
Student ID #: _____ Date Received: _____ University Application Status: _____

Submit Application

Revised January 2019