

APPLICATION FOR ADMISSION BETHEL UNIVERSITY DEPARTMENT OF NURSING

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

PERSONAL DATA

Social Security Number _____ --- _____ --- _____ Check Box if Transfer Student-Must Complete Info on Last Page

Full Legal Name _____
Last First MI Maiden

Permanent Mailing Address _____

City State Zip Code

Current Mailing Address _____

City State Zip Code

() () ()
Home Phone Number Cellular Phone Number Work Phone Number

Email Address _____

Place of Birth: City, County, State, Country Date of Birth (Month, Day, Year)

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

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 examination. 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.

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 \$30.00 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

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, how many hours per week do you expect to work?

APPLICATION FOR ADMISSION BETHEL UNIVERSITY DEPARTMENT OF NURSING

Name _____ Last four digits of SS# _____

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? Male Female

Which of the following best describes your ethnicity? African/African American Asian/Asian American Caucasian/Non-Hispanic
Hispanic/Latin American Native American Pacific Islander Other

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

Number of dependents? _____ Ages? _____

EMERGENCY CONTACT DATA

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Phone Number

(_____) _____
Phone Number

EDUCATIONAL DATA

Have you previously applied to Bethel University Department of Nursing? Yes No If so, when? _____

List ALL High Schools, 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.

APPLICATION FOR ADMISSION BETHEL UNIVERSITY DEPARTMENT OF NURSING

Name _____ Last four digits of SS# _____

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

*The following prerequisites must be in process or completed with a 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.

Course	Institution where course completed or in process	Semester & Year	Grade	Repeat or WD
COE 102 University 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				
BIO 111/111L Intro to Biology				
CHE 121/121L Prin. of Chemistry I *				
CHE 122/122L Prin. Of Chemistry II *				
BIO 309/309L Human A & P I				
BIO 310/310L Human A & P II				
BIO 311/311L Intro to Microbiology				
PSY 111 Intro to Psychology				
PSY 211 Human Growth & Development				
SOC 111 Principles of Sociology				
HSC 212 Nutrition for Healthcare Providers or HEA 211				
Fine Arts / Humanities Electives (6 credits)				
Prior Nursing Courses				
*(We will accept CHE 111/111L & CHE 112/112L)				

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.

APPLICATION FOR ADMISSION BETHEL UNIVERSITY DEPARTMENT OF NURSING

Name _____

Last four digits of SS# _____

EMPLOYMENT DATA

List the two most recent positions and dates of employment

Employer _____

Dates of Employment _____

Employer Address _____

City, State _____

Duties _____

Employer _____

Dates of Employment _____

Employer Address _____

City, State _____

Duties _____

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 copy of this application to: Bethel University Department of Nursing
325 Cherry Avenue
McKenzie, TN 38201

Submit application fee to: Bethel University Business Office
325 Cherry Avenue
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 February.

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

