

MIDDLE TENNESSEE STATE UNIVERSITY SCHOOL OF NURSING
BACHELOR OF SCIENCE IN NURSING PROGRAM

APPLICATION



Before applying to Upper Division Nursing, it is recommended that you make an appointment with your MTSU Pre-Nursing Advisor (Traditional BSN only).

Name: _____
Last First Middle Maiden
Mailing Address: _____
Street City State Zip Code
Student ID M #: _____ MTSU E-mail address: _____
Phone number: _____ Alternate Phone number: _____
Degree Track: Traditional _____ Semester applying for admittance: Fall _____ Spring _____ Year _____
Have you been admitted to MTSU? Yes _____ No _____ Date application turned in: _____

Have you ever been enrolled in another School of Nursing? Yes _____ No _____ If yes, please complete the following:

School of Nursing Name	Reason for Leaving	Nursing Courses with a grade of C- or less

Are you a Licensed Practical Nurse (L.P.N.)? Yes _____ No _____ Has your nursing license ever been revoked? Yes _____ No _____

Please answer the following questions:

Have you ever been convicted of, or pleaded guilty to, a violation of the law other than a minor traffic violation?

Yes _____ No _____

If "Yes," please explain, give the date(s), and disposition of the case. _____

An affirmative response to the above questions will not necessarily be a barrier to admission, but may prohibit an individual from taking the RN Licensure exam. Factors such as age at the time of conviction, elapsed time, seriousness and nature of the crime, and rehabilitation are taken into account. Students with a "Yes" answer to this question are advised to consult with the state licensing board regarding their licensure eligibility.

Application may be mailed to: Admissions Committee, Middle Tennessee State University, School of Nursing, Box 81, 1301 East Main Street, Murfreesboro, TN 37132, or delivered the School of Nursing, Cason Kennedy Nursing Building, Room 221.

It must arrive by the date of the deadline no matter the postmark date.

Please consult the **Admission and Progression Requirements for Bachelor of Science Degree in Nursing (BSN) Degree Program** for application deadline dates. All applications must be **received** by the deadline. Applications received after the deadline will **NOT** be considered.

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The School of Nursing accredited by CCNE

MTSU is an equal opportunity, nonracially identifiable, educational institution that does not discriminate against individuals with disabilities. AA283-0505

Applicant M # _____ Applicant Name _____

1. Do you have a Previous Bachelors Degree Yes _____ No _____

If yes, then fill out the 5 asterisk (*) classes only

2. Are you a transfer student? Yes _____ No _____

If yes, where? _____

Make sure ALL transfer transcripts are included in your application envelope.

Please complete the following information. You will not be considered for admission to Upper Division Nursing until you have met all the criteria in the Admissions and Progression Policy. *Please note the B (3.0) or better grade requirement in AP I and AP II.*

Prerequisite* and General Education Courses	Initial Grade Achieved	Semester and Year Completed F=fall; S=spring; SU=summer	Repeat Grade Achieved	Semester and Year Completed (or plan to take)
*BIOL 2010 HUMAN A&P I (B or better)				
*BIOL 2020 HUMAN A&P II (B or better)				
*BIOL 2100 MICROBIOLOGY				
*PSYH 1410 GEN. PSYCH.				
*MATH 1530 STATISTICS				
ENG 1010 COMPOSITION				
ENG 1020 COMPOSITION				
ENG 2020, 2030 (Literature) or HUM 2610				
CHEM 1010, 1110, 1030, PSCI 1030, OR GEOL 1030				
HIST 2010 OR 2030 (U.S.)				
HIST 2020 OR 2030 (U.S.)				
SOC/BEHAVIORAL SCIENCE – 3 HRS				
HUMANITIES – 3 HRS				
HUMANITIES – 3 HRS				
COMM 2200				

Below for Admissions Committee Only

All prerequisites completed Yes _____ No _____

Required courses in progress _____

Science Grades: AP 1 _____ AP 2 _____ Micro _____ Any repeats? _____

Points:

Inclusive GPA _____

HESI Score _____ 4.0 Conversion _____

Total _____

Comments:

File Complete _____

File Incomplete _____

Reviewed By _____

Date _____

Tennessee Board of Nursing Notification

Please be aware that conviction of the following crimes would make you ineligible for Registered Nurse licensure in the State of Tennessee:

Aggravated Assault, as in T.C. A. 39—13-102; First Degree Murder, as in T.C. A. 39-13-202; Second Degree Murder, as in T.C. A. 39-13-207; Voluntary Manslaughter, as in T.C.A. 39-13-211; False Imprisonment, as in T.C. A. 39-13-301; Kidnapping, as in T.C. A. 39-13-303; Aggravated Kidnapping, as in T.C. A. 39-13-304; Especially Aggravated Kidnapping, as in T.C. A. 39-13-305; Robbery, as in T.C. A. 39-13-401; Aggravated Robbery, as in T.C. A. 39-13-402; Especially Aggravated Robbery, as in T.C.A. 39-13-403; Aggravated Rape, as in T. C. A. 39-13-502; Rape, as in T.C. A. 39-13-503; Aggravated Sexual Battery, as in T.C. A. 39-13-504; Sexual Battery, as in T.C.A. 39-13-505; Statutory Rape, as in T.C. A. 39-15-506; Theft of Property, as in T.C. A. 39-14-103; Theft of Services, as in T.C. A. 39-14-104; Forgery, as in T.C.A. 39-14-114; Falsifying of Educational and Academic Records, as in T.C. A. 39-14-136; Arson, as in T.C. A. 39-14-301; Aggravated Arson, as in T.C. A. 39-14-302; Burglary, as in T.C. A. 39-14-402; Aggravated Burglary, as in T.C. A. 39-14-403; Especially Aggravated Burglary, as in T.C. A. 39-14-404; Incest, as in T.C. A. 39-15-302; Aggravated Child Abuse, as in T.C. A. 39-15-402; Sexual Exploitation of a Minor, as in T.C. A. 39-17-1003; Aggravated Sexual Exploitation of a Minor, as in T.C. A. 39-17-1004; Especially Aggravated Sexual Exploitation of a Minor, as in T.C.A. 39-17-1005; Assisted Suicide, as in T.C. A. 39-13-216; Rape of a Child, as in T.C. A. 39-13-522.

Please sign and date that you have read and understood this:

Signature

Date

STUDENT AFFIRMATIONS – To be signed by the student

Core Performance Standards Required for Nursing

Issue	Standard	Some Examples of Necessary Activities (not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationships in clinical thinking situations, for develop nursing care plans
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues
Communication	Communication abilities sufficient for interaction with others in verbal and	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses written form
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces	Move around in patient's rooms, work spaces, and treatment areas; administer cardiopulmonary procedures
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care	Calibrate and use equipment; position patients/clients
Hearing	Auditory ability sufficient to monitor and assess health needs	Hear monitor alarm, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observation and assessment necessary in nursing care	Observes patient/client responses
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination, and/or those related to therapeutic intervention, e.g. insertion of a catheter

I certify that I have reviewed the foregoing information supplied by me and my health care provider and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish MTSU School of Nursing a complete transcript of my medical record for purposes of determining my eligibility to participate in the nursing program. I understand that falsification of information will result in immediate dismissal.

I further understand that during the course of the program I will be required to demonstrate physical and emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

Date

Student Signature

This completed form with all required documentations must be returned to the School of Nursing by the announced deadline or you will not be allowed to register and/or participate in classes or clinical. Necessary treatments or corrections must be taken care of prior to beginning nursing courses. Enrollment in the nursing major is limited. Failure to comply with all health requirements will result in dismissal and your space will be offered to the next qualified alternate

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