



BACHELOR OF SCIENCE IN NURSING
Traditional Program
Fall 2019 Admission Application

Items marked with an asterisk (*) are required.

A. PERSONAL INFORMATION

Last Name*	First Name*	Middle Name
Former Name(s)		Preferred Name
AUM Student ID # (REQUIRED) *		

B. CONTACT INFORMATION

AUM EMAIL ADDRESS – Interview notification will be sent to this email:

AUM Email*

MAILING ADDRESS – Admission notification letter will be mailed to this address:

Number and Street*	Apt.	
City*	State*	ZIP/Postal Code*

PHONE NUMBERS

Cell Phone Number*	Alternate Phone Number
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EMERGENCY CONTACT

Name*	Phone Number*
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C. ACADEMIC INFORMATION*

List all colleges and universities you have attended (*outside of AUM*):

Name of Institution	City, State	Dates attended	Degree earned?

D. PLAN OF COMPLETION FOR REMAINING PRENURSING COURSE WORK*:

- Applicants with prenursing course work still in progress **MUST** complete this section.
- If you have completed all prenursing coursework, please write "Complete" in this section.

Course Name and Number (e.g. PSYC 3780 Developmental Psychology)	# of credit hours	Where course will be taken (name of college/university)
Total # of prenursing credit hours to complete in spring 2019 and summer 2019 combined (Must be 22 or less):		

I UNDERSTAND THAT:

1. This *completed* and signed application must be submitted **by email to nursing@aum.edu** by **March 1, 2019**. **Applications that are late or incomplete will NOT be considered.**
2. If I am selected for an interview, I must attend the interview **IN PERSON, no exceptions, on Friday, April 5, 2019.**
3. Admission is contingent upon:
 - a. Space availability.
 - b. Completion of all outstanding prenursing course work with grades of C or higher **prior** to fall semester 2019.
 - c. Maintenance of academic performance at or above the minimal acceptance level (2.50 on prenursing course work alone).
 - d. Meeting all requirements as listed on the *Eligibility Requirements for Fall 2019 Application to Upper Division* – **please review these prior to signing and submitting this application.**
4. I will be notified regarding my interview status **through my AUM email account** approximately 2 weeks after the application deadline. (All applicants are notified, whether they are offered an interview or not.)
5. I will be notified of my admission status **by postal mail** in late April. (All applicants who interview are notified, whether or not they are offered admission.)
 - a. It is **my responsibility** to keep the School of Nursing apprised of address changes.
 - b. **Acceptance is not guaranteed, even if I meet all minimum requirements.**
 - c. If I am not admitted to the program for fall 2019 I must reapply to be considered for a future class.
 - d. Information regarding admission status will NOT be given over the phone or by email.
 - e. **I will NOT CALL OR EMAIL THE PRENURSING ADVISORS OR THE DEAN'S OFFICE** for information regarding my admission status **UNLESS** I have not received a letter through postal mail from the Admissions Committee by **May 3, 2019.**

I certify that the information given in this application is true and complete and that I have not misrepresented by assertion or omission any fact which I have been asked to supply. I certify that I have read and understood all eligibility requirements and application instructions. By submitting this application, I agree to comply with all Auburn Montgomery and School of Nursing policies, rules, and regulations.

Full Name

Date



Student Demographic Information

Name: _____

Colleges and universities are asked by many, including the federal government, the state government, accrediting associations, college guides, newspapers, and our own college/university communities, to provide information on our students. In order to respond to these requests and compile required reports, we ask you to provide the information requested below.

1. **Date of Birth:** _____

2. **Gender:** Male Female

3. **Marital Status:** Never Married Married Widowed Divorced Separated

4. **Children:** No Yes **Ages:** _____

5. **Race/Ethnic Background (please check all that apply):**

Black or African American

White or Caucasian

Hispanic or Latino

Asian

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

6. **Employment Status:** Full Time Part Time Unemployed

7. **Occupation:** _____

8. **High School attended:** _____ **State:** _____

If in Alabama, county of High School: _____

9. **Prior Nursing Education:** LPN Military (specify): _____ Other (specify): _____

10. **Previous Bachelor's Degree?** No Yes specify major: _____

11. **Place of Birth:** Alabama specify county: _____ Out of State specify state: _____

Out of Country specify country: _____

12. **Citizenship Status:** Native born U.S. Citizen Naturalized U.S. Citizen

Resident Alien Status Non-resident Alien Status

13. **Have you previously applied to this School of Nursing for admission?**

Yes specify semester/year: _____ No