



RN NURSING APPLICATION
(2-YR A.A.S. Degree Program for RN Licensure)
APPLICATION PERIOD:
September 1 through September 30, 2021
PLEASE CHECK PREFERENCE:
 DAY PROGRAM
 EVENING/WEEKEND PROGRAM
 EITHER (If Preference is not Available)

Please print or type all information clearly, be sure to double check all of your responses and email to Enrollment Services at NursingApplication@tncc.edu or to Tammera Wright at HT at wrightt@tncc.edu (include your reference form and resume). DO NOT submit application until confirmation of eligibility to apply is received from Enrollment Services.

Student ID Number: _____ **Date:** _____

Name _____
 LAST Name FIRST Name Middle Initial Former Name

Current Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Date of Birth: Month ___ / Day ___ / Year ___ **Sex:** M ___ F ___

Please indicate your ethnic status (Optional: for statistical purposes only):
 ___ Native American Indian ___ Asian, Pacific Islander ___ Black, not Hispanic ___ Other
 ___ Hispanic ___ White, not Hispanic ___ Multiracial ___ Middle Eastern

Cell Phone (____) ____ - ____ **Work Phone** (____) ____ - ____ **Home Phone** (____) ____ - ____

TNCC E-Mail Address _____
 (Please print legibly so you can be contacted if necessary)

High School Graduate: Yes ___ No ___ Year _____ **GED:** Yes ___ No ___ Year _____

Type of Student: New _____ Continuing _____ Transfer From Another College _____

Last School Attended _____ **City** _____ **State** _____

Highest Degree/Certificate Awarded: ___ H.S ___ Associate ___ Bachelors ___ Masters

LPN: Yes ___ No ___ **LPN School Attended:** _____

Date of LPN Graduation: _____ (Month/Year)

Certified Nursing Assistant (CNA): Yes ___ No ___ **School Attended:** _____ **Year of Graduation:** _____

Have You Ever Applied to the TNCC Nursing Program Before? Yes ___ No ___ If Yes: Date _____

Have You Ever Been Enrolled in Another Registered Nursing Program? Yes ___ No ___ If Yes: Date: _____
Name of Nursing School Attended: _____

For Office Use Only:
 Jurisdiction _____
 Curricular (156) GPA _____ Curriculum Progress Sheet Attached _____
 Official High School Transcript/GED in File (copy attached) Yes ___ No ___
 High School Prerequisites Met ("C"): Alg. ___ Chem. ___
 If Applicable, List Developmental College Courses That Have Met High School Prerequisites: MTH (modules 1-5) ___ CHM 1 ___
 College Prerequisites "C" or Higher: BIO141 ___ ENG 111 ___ SDV 100 ___ HLT 230 ___ PSY 230 ___
 Please check this box if a transfer credit evaluation request is pending.

Please print legibly in a short paragraph your reason(s) for applying to the Thomas Nelson Nursing Program.
Your response must fit in the box provided and must be legible.

I want to be a registered nurse because:

Reference Letter (Form is available on Thomas Nelson website) and Resume

- One reference from a Biology or Health faculty member (full-time or adjunct) from any higher education institution is **preferred** with application to the nursing program. A professional reference may be submitted as an alternate provider if an academic reference cannot be obtained.
- Resumes for your work experience are **highly recommended**, but are not required to apply.
- Submit reference and resume with application to NursingApplication@tncc.edu or wright@tncc.edu

Name of Reference: _____ BIO Faculty/ HLT Faculty (full-time or adjunct) (Circle One)

TEAS Exam (Please complete one of the following)

1. **Date Scheduled for TEAS Exam** _____ **OR**
2. **Date of previous TEAS exam** _____
 - Exam taken at TNCC
 - Percentile ranking for program 45th or above
 - Taken within the last year
 - Copy of transcript attached

Attendance at a virtual Information Session is **mandatory** to ensure all requirements are met for successful application.

Review Power Point slides for the Fall 2021 Information Session on _____.

- Attend virtual Information Session on _____.

I understand the requirements for admission to the Thomas Nelson Community College Nursing Program as explained in the College Catalog and the nursing brochure. All information provided on this application is true and correct to the best of my knowledge.

Student Signature

Date

Thomas Nelson Enrollment Services Representative

Date