

TENNESSEE STATE UNIVERSITY
DIVISION OF NURSING
LPN-AAS Weekend Nursing program Application

The Nursing Programs at Tennessee State University (TSU) are limited enrollment programs based on faculty and clinical resources. Admission to the Associate of Applied Sciences is competitive.

Please type or print *legibly*:

Name: _____
 First Middle Last Maiden

Mailing Address: _____
 Street name and number Apt # County

 City State Zip Code () Home Phone () Cell #

***E-mail address:** _____ **Student ID T#** _____ - _____ - _____

Are you currently a resident of the state of Tennessee? Yes ____ No ____

List all previous institutions attended: (Attach additional sheets if needed)

Name of Institution	Dates attended	Degree earned
Name of Institution	Dates attended	Degree earned

The Division of Nursing requires copies of the information listed below. Turn in ALL completed application materials TOGETHER to the Division of Nursing only when you meet ALL the admission requirements.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> High School/College Chemistry <input type="checkbox"/> Required GPA (2.5 or higher) <input type="checkbox"/> Pre-nursing exam score (HESI A-2) <input type="checkbox"/> COMPLETION OF ALL DEVELOPMENTAL COURSES <input type="checkbox"/> TSU admission letter <input type="checkbox"/> Copies of previous college transcripts <input type="checkbox"/> Updated academic/TSU transcripts <input type="checkbox"/> Copy of current LPN License | <ul style="list-style-type: none"> <input type="checkbox"/> Verification of current employment (on letterhead) <input type="checkbox"/> Reference Letter (on letterhead) <input type="checkbox"/> Letter of Intent <input type="checkbox"/> COMPLETION OF ALL GENERAL EDUCATION COURSES AND TWO NURSING COURSES (Pharmacology and Health Assessment) |
|--|---|

Additional information required for Certified and Licensed Applicants:

Graduated or completed training from _____
Name of Institution

Date Graduated or completed LPN training _____

Current Employment _____

Current LPN License # _____ **State:** _____

Expiration Date: _____

In keeping with the required affirmative action and institution reporting at Tennessee State University, applicants are encouraged to provide the following information; however, it is not mandatory.

Ethnic Background: _____ **Gender:** ____ **DOB:** _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____ Other ____

Head of Household _____ **Number of dependents** _____

The Division of Nursing seeks to provide a reasonably safe environment for its nursing students and their patients. A student may be required, during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of our program. Such requirements may include, but not limited to, freedom from communicable disease, 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 American with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of handicap.

Signature of Applicant _____
Date

Please submit your application material to the Division of Nursing with all required information by [March 1st for Summer Admission](#) and by [October 1st for Spring Admission](#).

Send completed application materials to:
Tennessee State University
Division of Nursing Weekend/Evening Program
ATTN: Ms. Kathy Gretton Program Coordinator
330 10th Avenue North, Box 144
Nashville, TN 37203-3401

Tennessee State University Is An Affirmative Action Institution