

UNIVERSITY OF MARY HARDIN-BAYLOR
SCOTT AND WHITE COLLEGE OF NURSING

APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

Date Application Submitted: _____ Applying to Enter Which Semester/Year: _____

1. Full Legal Name: _____

- | | | | |
|-----------|------------|-------------|-------------|
| Last Name | First Name | Middle Name | Maiden Name |
|-----------|------------|-------------|-------------|
2. Social Security #: _____
3. Permanent Mailing Address:
Street _____

- | | | | |
|------|-------|----------|-----------------|
| City | State | Zip Code | Area code/Phone |
|------|-------|----------|-----------------|
4. Present Mailing Address (if different)
Street _____

- | | | | |
|------|-------|----------|-----------------|
| City | State | Zip Code | Area code/Phone |
|------|-------|----------|-----------------|
5. Are you an LVN/LPN? Yes No
If so, give License # _____ and State _____

Ethnic categories are utilized in various state and federal surveys. For that reason, we request that you enter this information. However, completing this section is optional.

6. Birthday: _____ Sex: Male Female

7. Citizenship: U.S. Citizen? Yes No
If no, of what country: _____

8. Marital Status: Married Single Widowed Divorced

9. Language first spoken: _____

10. Ethnicity: White (non-Hispanic)
 Black or African American
 Hispanic
 Asian
 Alaskan Native or American Indian
 Native Hawaiian or Pacific Islander

11. List previous employment. Specify dates, type of work, where employed, and approximate number of hours per week.

Place of employment	Dates Worked	Type of Work	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Do you plan to work after admission to the nursing program? ____Yes ____No
If yes, how many hours a week will you work? _____
13. List extracurricular activities: _____

14. List community service contributions/activities: _____

15. List academic and other honors received: _____

16. Describe satisfying accomplishments within the last two years and state what made them rewarding:

17. From whom/how did you learn about this College of Nursing? (friend, employer, career-college program, advertisement, etc.) _____
18. Why did you choose U.M.H.B. College of Nursing over other schools? _____

19. Are you the first in your family to seek higher education at the college or university level? ____ yes ____ no
20. Below, please list **ALL** possible transfer courses for which you have transcripts. **We ask that you please send a copy of any transcript for courses that could be applied towards the Bachelor of Science in Nursing degree to the College of Nursing Office.** The College of Nursing Office will forward transcripts to the Registrar.

Course Number	Course Name	Semester/Year Taken	College/University

Please continue list of transfer courses on the back of this page if additional space is needed.

21. ***Please write and attach*** a short statement (1 page) giving your reasons for wanting to make nursing your career. State what contribution to the profession of nursing you wish to make after graduation and where you intend to seek employment. Include any information which you would like to have considered by the Admissions Committee.

UNIVERSITY OF MARY HARDIN-BAYLOR
 BACHELOR OF SCIENCE IN NURSING DEGREE WORKSHEET
 (submit with application)

NAME _____

Required Courses	College where course was taken	Semester course was taken	Grade	Transcript at registrars if transferred
ENGL 1321				
ENGL 1322				
BIOL 2440 (A&P I)				
BIOL 2441 (A&P II)				
BIOL 2480 (Micro)				
CHEM 1441				
CHEM 2440 (bio-org)				
PSYC 1301 (Intro)				
PSYC 3310 (Dev)				
SOCI 1311 (Intro)				
COMM 1320 (Speech)				
Social Science (6 hours)				
1.				
2.				
College algebra (pre-req to stats)				
MATH 3303				
PHED (2 activity courses)				
1.				
2.				
Religion (6 hours)				
1.				
2.				
Upper Division (6 hours)				
1.				
2.				