**Tuskegee University School of Nursing and Allied Health**

**Department Of Nursing**



Application for Admission to the Professional Phase

Application Deadline: Fall June1st

Spring: October 15th

209 Basil O’Connor Hall, Tuskegee, AL 36088

Phone: 334-727-8382 FAX 334-727-5461

**Personal Information: Give full legal Name: Do not use initials.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: Month Day Year TU Student ID #  Gender: | | | | | | | |
| Last Name: First Name: | | | | | | | Middle: |
| Racial/Ethnic Information: African American/Black  White-Not of Hispanic/Latino Origin | | |  | Hispanic/Latino  Other: |  |  | |
|  |  |
|  | Permanent Mailing Address | Street:  State: Zip: | | | | | |
| Apt#  City: |
| Daytime Telephone Number: Cell Phone:  Email Address: | | | | | | | |
| **A written notification will be sent to the above permanent and email address.** | | | | | | | |
| Local Tuskegee Address: Street/Dormitory:    City: State: Zip: | | | | | | | |
| Please attach to the Application: A 1-2-page typed statement on your personal philosophy of Nursing. Also, include your involvement in activities (community, volunteer service etc.) that demonstrate your interest in nursing. | | | | | | | |
| I am applying for admission to the professional phase of the baccalaureate nursing program for  Spring Fall | | | | | | | |
| I understand that I must satisfy all prerequisites for the professional phase by the end of the Summer Semester to be considered for Fall admission and Fall Semester to be considered for Spring admission.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_**  Date:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| \*\*\* (Note: Credit will not be awarded for Anatomy and Physiology Courses older than five (5) years). | | | | | | | |

Updated 9/18/2023

**Tuskegee University School of Nursing and Allied Health**

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| --- | --- | --- | --- |
| **Please Check:** |  |  | **I have completed all prerequisites.** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Check:** |  |  | **I have completed the EPE requirement** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Check:** |  |  | **I have completed the TEAS Exam**  **(Score Report Attached)** |
|  |

I certify that the information recorded on this application is true and correct. I understand that failure to give complete and accurate information will result in immediate cancellation of my application for admission. I agree to abide by the rules, policies and regulations of Tuskegee University, Department of Nursing if I am admitted to the professional phase.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: You will receive written notification from the Department of Nursing indicating acceptance/non-acceptance status.**

Updated 9/18/2023