

 **JEANETTE M. TRAVIS**
SCHOOL *of* NURSING

MARTIN METHODIST COLLEGE

January 17, 2020

Dear Applicant,

Thank you for your interest in the Baccalaureate Nursing Program at Martin Methodist College. We are pleased that you have chosen to apply for our program. Our five-semester program of study in nursing will prepare you for a rewarding career as a professional member of a health care team. You will enjoy the lifelong friendships that you will cultivate as a member of the School of Nursing. Our skilled and knowledgeable faculty members are prepared to help you be successful in all facets of your nursing education. Once again thank you for your choice of the nursing program here at Martin Methodist College. We wish you the best of luck during the application process.

Sincerely,



Michelle Decker, DNP, RN
Chair: The Jeanette M. Travis School of Nursing
Martin Methodist College
433 West Madison Street
Pulaski, TN 38478
Office: 931-424-2019
mdecker@martinmethodist.edu



JEANETTE M. TRAVIS
SCHOOL of NURSING
MARTIN METHODIST COLLEGE

Application for Fall 2020 Entrance

Documents that MUST be included with this completed Application are:

- A copy of your current Driver's License/State ID
- 2 reference letters (*1 Professional and 1 Personal*)
- A typed 1 to 2-page essay about why you want to become a Registered Nurse
- An updated Resume
- Medical licenses/certifications

Important: Before you can apply to the School of Nursing you **MUST**:

- Be admitted to Martin Methodist College (the college should have a copy of ALL of your transcripts from previous colleges, universities, and technical schools)
- Have all general education courses completed, or be on track to complete them before the first day of class in August of 2020, with a **cumulative GPA of 3.0** or higher

PLEASE PRINT

Name: _____
Last First Middle Maiden

Address: _____
Street

City State Zip

Non-Martin Methodist College E-Mail Address: _____

SS#: _____ *Date of Birth: _____ *Age: _____

*Gender: Male Female *Race/Ethnicity: _____ **For Statistical Purposes Only*

Phone No.: _____
Applicant's Cell Number Emergency Contact Name & Phone Number

Date of High School Graduation: _____ or Date of GED Examination: _____

Enrollment status: I am a current MMC student I will be transferring from _____
List Name of Current College/University

Have you attended colleges or universities in addition to your current school? Yes No

If yes, please name the college or university, dates attended, and your major or degree earned: _____

Have you ever enrolled in a Nursing program? Yes No If yes, list the school's name: _____

Check the boxes below for licenses and/or certifications you have earned (list license # or date earned if box is checked):

LPN License? _____ RN License? _____ CNA Certification? _____
License # License # Date Earned

List your other licenses/certifications (if not listed above): _____

I, the below signed individual, hereby declare that to the best of my knowledge and ability, the information in this application is true and factual. I understand that false, misleading, or incomplete statements could lead to my subsequent dismissal or rejection as a nursing student.

Applicant's Signature _____ **Date** _____