

ADMISSION PACKET



Preparing competent professional nurses to integrate Christian faith and values with compassionate care to fulfill the ministry of the Great Commission.

Dear Prospective Nursing Student,

We are honored that you have chosen to apply to the Truett McConnell University (TMU) Bachelor of Science in Nursing (BSN) program. Enclosed you will find information that details eligibility requirements, the admission process, and application guidelines, with associated forms. Please complete the forms and return to the Rielin & Salmen School of Nursing (RSSON) no later than the 1st of September.

We are honored that you have selected TMU to pursue your BSN degree. We are committed to your success and we are excited that you are applying to our nursing program. If accepted into the nursing program, we will assist you in reaching your goals and your calling to be a nurse. It is our prayer that you will enjoy success in your academic endeavors, excel in compassionate care and moral leadership, grow in your knowledge of nursing as a ministry, and embrace the truth of Scripture as the foundation for those who are called to the nursing profession.

Please contact us if we can be of any assistance.

May you be richly blessed as you serve our Lord in this exceptional profession.

With Every Blessing,

The Nursing Faculty

Truett McConnell University Rielin & Salmen School of Nursing 706 865 2134 x 6001

Eligibility Requirements:

- 1. Admission to Truett McConnell University (TMU) is a prerequisite to admission to the BSN program. Transfer students must meet the admission requirements of TMU and provide official transcripts from all previously attended institutions, including prior nursing education and other supporting documentation as requested, such as, immunization records, health form, etc.
- 2. Applicants who have attended another upper level nursing education program are required to indicate this attendance on the nursing application, and to submit a letter of eligibility from the dean or director of the previous nursing program. Failure to disclose this information may lead to dismissal, even after enrollment, from the TMU BSN program. Transfer students who have been dismissed from another nursing education program are ineligible for admission to the BSN program
- 3. BSN applicants must have a minimum overall grade point average of 3.0 in all college level curriculum courses: a grade of C or higher is required in all prerequisite courses.
- 4. All students applying to the Rielin & Salmen School of Nursing must take the Health Education Systems, Inc. (HESI) Admission Assessment (A2) exam. No exemptions or substitutions are permitted. Students are allowed to test a maximum of once in a 30-day period. The exam is timed and computerized. Previous HESI A2 scores may be considered by faculty as acceptable for admission criteria. Refer to the HESI policy on the TMU RSSON website.
- 5. Applicants are expected to meet the <u>Core Performance Standards</u> for acceptance into the BSN program and will be required to submit evidence of overall health status consistent with these standards. Specific health requirements are outlined by the RSSON that meet the stipulations of the clinical sites utilized in the BSN program. Refer to the BSN Student Handbook found at www.truett.edu/schoolofnursing

Admission Application Guidelines

The admission process requires an application to and acceptance from TMU prior to applying to the RSSON. All official transcripts should be submitted with an application to TMU. The application guidelines for admission to the TMU RSSON along with the completed application packet include the following:

- 1. Completed and signed Application for Admission Form
- 2. Enclose a \$25 non-refundable fee in the form of a check (made payable to Truett McConnell University), money order, or cash.
- 3. Submit a Biographical sketch
 - The Biographical sketch should be a personal account discussing significant events and influences which have affected your life and comprised of no more than 2 pages (double spaced).
- 4. Complete a one page, typed paper answering the following two questions:
 - Why do you want to be a registered nurse?
 - Why did you choose the BSN program at Truett McConnell University?
- 5. Complete the HESI A2 Admission Assessment and provide official HESI score(s)
 - Please see the TMU RSSON website for additional information regarding HESI testing information and requirements. Complete instructions for registering and testing dates will be sent via email.
- 6. Submit three BSN Program References

Applicants must submit three references from qualified individuals who are able to provide pertinent
personal and professional information, including interpersonal skills, emotional stability, & character. Please
refer to TMU's School of Nursing Core Performance Standards. The qualified individual must have known
you a minimum of one year and must not be a relative. The completed reference form must be received
prior to the posted deadline.

Your completed application packet and accompanying documents must be received in the RSSON office no later than September 1st prior to the anticipated entrance year. The mailing address is as follows:

Truett McConnell University Rielin & Salmen School of Nursing 100 Alumni Drive Cleveland, GA 30528

Please note the RSSON is not responsible for delays with postal services. Late applications will not be accepted. If you have any questions about this packet, please call the RSSON at 706 865 2134 x 6001.

Additionally, an interview will be conducted with each student after the application has been reviewed and considered complete. You will be contacted with a date and time for your interview. Any applicant who fails to appear at your scheduled time without prior notification will have their application considered invalid. Business casual attire is considered appropriate for your interview.



REQUIRED FORMS

Application for Admission

Date			Date Received (TMU staff only)			
Name						
Las	st	First		Middle		Maiden
TMU ID#		TMU Can	npus Mailbox # _			
Email Address: _						
Home Address:						<u>-</u>
	City		Sta	ate		Zip Code
Mailing Address:						
	City		Sta	nte		Zip Code
-			Phone Number		Mob	ile Number
Birthplace		Primary	Language Spoke	en		
Ethnicity:/	African-American	Caucasian	_ Hispanic N	Native Americ	can Pac	cific Islander
Other (specify) _						
Marital Status: _			US Citizen Y	'es No		
Number of credi	t hours completed at	:TMU	_ Number of cr	edit hours cu	rrently enro	lled
Have you ever a _l	oplied to the TMU RS	SON before?	Yes No	When?		
	een a student in any			-		wing:
Address	City	State		Zip Code		
Entrance Date _	Exit Date	Rea	son for Leaving ₋			
Educational Bac	kground: State the h	igh school from w	hich you gradua	ted, and list i	n chronolog	ical order all schools and
colleges subsequ	iently attended.					
Name of	School or College an	d Location	Begin Date	End Date	Year	Degree Obtained

(Please list additional schools on a separate sheet of paper)

Activity Record: (Honors, awa	ards, offices, scholarships)			
Employment/Volunteer Back	ground: State below in chron	nological order any work e	experience you have h	nad, including
part-time, volunteer, nurse's	aide, etc. Attach additional	sheets if necessary.		
Employer		Type of Work		Date End
References: Please include th	e names of at least three ner	sons who qualify to provi	de a reference - Plea	se do not
include a relative.	e names of at least times per	sons who quality to provi	ac a reference. Thea	se do not
Name	Position	Institution and	Address	Phone
Have you ever been convicte				
If yes, please explain, and give	e the details on a separate sh	eet of paper.		
Please Note: According to ou	r clinical agreements with ho	spitals and other clinical s	sites, one background	check & drug-
screening test will be required	_		_	_
background check and/or dru	g-screening, this may result i	n immediate dismissal fro	m the nursing progra	m.
Program completion does not	t guarantee licensure.			
THE INFORMATION GIVEN O	NI THIS EARM IS ACCUIDATE A	ND COMPLETE I HAVE E	PEAD AND LINDERST	AND THE
ABOVE STATEMENTS.	N THIS FORWIS ACCORATE A	AND COMPLETE. THAVE P	ALAD AND GIVELNSTA	AND THE
ABOVE STATEMENTS.				
Signature of App	olicant		Date	

Failure to provide truthful information may result in dismissal from the program.

BSN Program Reference

This sec	ction to be completed by app	licant:				
Name						
	Last	First	Middle	Maiden		
Addres:	S			(2.2.1.11.)		
	one (Home)			(Mobile)		
	ction to be completed by refe					
School comple	ove named applicant is applying of Nursing Bachelor of Science te the form below.	e in Nursing Program a	nd has named you	•		
Agency	Affiliation			Title		
Address	S		City	State	Zip	
	How many years have you kn In what relationship/capacity Rank the applicant in the foll	/? Supervisor	Educator Work	Associate Other_		
		Above Average	Average	Below Average	Not Applicable	
	Academic Ability					
	Collaborative Ability					
	Intellectual Ability					
	Verbal Communication					
	Written Communication					
	Leadership					
	Integrity					
	Self-Direction					
	Team Player					
3.	Do you know of any reason t	his individual would no	ot be able to compl	ete the course of study	?	
If y	Do you: Highly Recommends this individual for this course ou would like to discuss the a stact you.	of study? Comments	r please include yo			
				rn to: Truett McConn	ell University	
Reference Signature		Date		Rielin & Salmen School of 100 Alumni Drive Cleveland, Georgia 30528		

BSN Program Reference

This sec	ction to be completed by app	licant:			
Name _					
	Last	First	Middle	Maiden	
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	one (Home) ction to be completed by refe			(Mobile)	
The abo School comple	ove named applicant is applyi of Nursing Bachelor of Scienc te the form below.	ng for admission to Tru e in Nursing Program a	nd has named you	•	
	Affiliation			Title	
	5				
1.	How many years have you ki In what relationship/capacit	nown the applicant?	Educator Work	Associate Other	
2.	Rank the applicant in the fol		Ludcator work	Associate Other_	
		Above Average	Average	Below Average	Not Applicable
	Academic Ability	-		_	
	Collaborative Ability				
	Intellectual Ability				
	Verbal Communication				
	Written Communication				
	Leadership				
	Integrity				
	Self-Direction				
	Team Player				
3.	Do you know of any reason t	l his individual would no	ot be able to compl	 ete the course of study	.5
If y	Do you: Highly Recommends this individual for this course ou would like to discuss the a	of study? Comments	: r please include yo	ur phone number with	
con	tact you				
Reference Signature		Date	Please retu	Please return to: Truett McConnell Universi Rielin & Salmen School of 100 Alumni Drive Cleveland, Georgia 30528	

BSN Program Reference

Last		First	Middle	Maiden	
Address					
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			att McCannall Llais	rossitu Mastha Dialia as	ad Elizabath Calman
School of Nurs complete the f	ing Bachelor of Science orm below.	ng for admission to Tru e in Nursing Program ai	nd has named you	•	
Agency Affiliat	ion			Title	
In wha		nown the applicant? y? Supervisor E owing areas:			
		Above Average	Average	Below Average	Not Applicable
Acade	emic Ability				
Collal	porative Ability				
Intelle	ectual Ability				
Verba	al Communication				
Writt	en Communication				
Leade	ership				
Integ	rity				
Self-D	Direction				
Team	Player				
7. Do you	ı know of any reason t	l his individual would no	t be able to comple	ete the course of study	?
this inc		nendRecommen of study? Comments:			
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Reference Signature		Date	Please return to: Truett McConnell University Rielin & Salmen School o 100 Alumni Drive Cleveland, Georgia 30528		chool of Nursing