

# Admission Application For Nursing Major

THE  
UNIVERSITY  
of TULSA

Complete the following information and return to:

COLLINS COLLEGE OF BUSINESS  
SCHOOL OF NURSING

*School of Nursing  
The University of Tulsa  
800 South Tucker Drive  
Tulsa, OK 74104-9700*

**Deadline for first consideration is February 1 (TYPE or PRINT)**

**Fall Enrollment Year** \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Street or PO Box Number City State Zip

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you presently a member of Tulsa University Student Nurse Association (TUSNA)? \_\_\_\_\_

If not, do you plan to become a member? \_\_\_\_\_

**Please describe any background nursing experience:**

\_\_\_\_\_  
\_\_\_\_\_

**A 250 word essay is required** (typed, on a separate page, double spaced), in response to the following:

*I want to be a baccalaureate-prepared, professional registered nurse because .....*

**NOTE: Applicants must be admitted to The University of Tulsa prior to admission to the nursing program. It is your responsibility to make sure that your file is complete.**

Offers of admission to the School of Nursing are conditional pending receipt and evaluation of all items listed below.

1. Copies of all transcripts from other colleges/universities are due by February 1.
2. List of Spring and Summer transfer course enrollment, if any.
3. Copies of current semester transcripts are due by May 15.
4. 10 panel drug testing by SAMHSA Certified Lab (report sent by lab directly to School of Nursing)
5. Criminal background check including OK Department of Corrections Sex Offenders Registration List (Background check is conducted by the School of Nursing, see attached for directions.)
6. Performance Standards for Admission and Progression in the Bachelor of Science in Nursing
7. Documentation of the following is due by August 15.
  - A. MMR (Measles/Mumps/Rubella)
  - B. Tdap then renew TD (Tetanus/Diphtheria) every ten years
  - C. Hepatitis B (or sign waiver)
  - D. TB screening (due yearly) or chest x-ray. Initial screening is a 2-step process.
  - E. Documentation of varicella (chicken pox) or vaccination.
  - F. American Heart Association "HealthCare Provider" CPR certification.
8. Documentation of influenza immunization before November 30.

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