Congratulations on your acceptance to Lee University! We are excited that you are considering nursing as your career choice!

Please carefully read the admission criteria for the School of Nursing including the Required Core Performance Standards for Admission and Progression of Nursing Students and application status level descriptions for the nursing program. Once the nursing admission committee has reviewed your application, you will receive notification of your admission status and be apprised of next steps.

We encourage you to complete this process as soon as possible as courses will fill quickly and we do not want you to be delayed in your academic progression. There is a checklist below to assist you with completing necessary application materials. Thank you.

SEND ALL SCHOOL OF NURSING APPLICATION MATERIALS TO:

<table>
<thead>
<tr>
<th>Lee University</th>
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<tr>
<td>School of Nursing</td>
</tr>
<tr>
<td>PO Box 3450</td>
</tr>
<tr>
<td>781 North Ocoee St, Monument Building, Suite 230</td>
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<tr>
<td>Cleveland, TN 37320-3450</td>
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The following items are required in order to complete your application to the School of Nursing:

- [ ] Official acceptance to Lee University
- [ ] Complete, signed and dated application form
- [ ] Essay for Application to School of Nursing
- [ ] Official TEAS Test Scores (Required for Incoming Freshmen and Transfer Students only)
- [ ] Two (2) Academic Recommendation Forms
PERSONAL INFORMATION (PLEASE PRINT)

Full Legal Name:_________________________________ Student ID#:________________________

Mailing Address:______________________________________________________________

City/State/Zip:_________________________________ Country:_________________________

Home Phone: (   )________________________ Mobile Phone: (   )______________________

Birthdate (mm/dd/yyyy):________________________ Gender:___________________________

Email Address:______________________________________________________________

EMERGENCY INFORMATION

Emergency Contact:____________________________________________________________

Emergency Contact Phone: (   )________________________ Alternate Phone: (   )____________________

OPTIONAL INFORMATION (for statistical purposes only)

Do you identify yourself as a person of Hispanic/Latino or Spanish origin?  □ Yes  □ No

How are you most comfortable describing yourself? (Check all that apply.)

□ American Indian or Alaska Native  □ Asian  □ Black or African American  □ Caucasian or White

□ Hawaiian/Pacific Islander  □ Other  □ Prefer Not to Respond

CITIZENSHIP INFORMATION

Country of Citizenship:________________________ Country of Residence:________________________

Immigration Status/Visa Type:________________________ Birth Country:________________________

Is English your first language?  □ Yes  □ No

ENROLLMENT INFORMATION

Application for Enrollment: 20____  □ Fall  □ Spring

Classification:  □ Freshman  □ Current Student  □ Transfer Student
ADDITIONAL APPLICATION REQUIREMENTS

I. Please list experiences that demonstrate service, work ethic, caring and compassion. (i.e. mission trips, applicable employment, volunteer activities, extracurricular activities)

II. In 1-2 typed pages, please describe why you think nursing is a match for you personally, academically, and spiritually.

III. You must take the Test of Essential Academic Skills (TEAS V) that is a product of Assessment Technologies Institute®, LLC. Information about the test, preparation for the test, and available testing sites for your area can be located on the following website: https://www.atitesting.com/Solutions/PreNursingSchool/TEAS.aspx

ACKNOWLEDGEMENTS AND SIGNATURE

I have been officially accepted to Lee University: □ Yes □ No
If no, you must wait to apply to the School of Nursing until you have been officially accepted to the university.

I have read the General Admission Criteria for the School of Nursing including the Required Core Performance Standards for admission and progression of nursing students and testify that to the best of my knowledge I will be able to successfully achieve the Core Performance Standards. □ Yes □ No
If no, please seek advisement from the School of Nursing.

I understand that I will be coded as a Nursing Major, and will receive notification of my application status: Full Acceptance or Provisional Acceptance or Pending Acceptance into the School of Nursing.

__________________________________________  ____________________________
Signature                                              Date
Applicant’s Full Name: _______________________________ Student ID#: _______________

APPLICANT INSTRUCTIONS

This form is to be given to the person completing the academic recommendation form. Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their record, including letters of recommendation. However, those writing recommendations and those evaluating recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to review these records or to decline to review these records. Please select the appropriate statement below indicating your choice of option. Please select only one option, and sign the form on the signature line provided.

☐ I choose to keep this recommendation confidential. I waive all rights of access to this recommendation, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my review now or in the future.

OR

☐ I choose to keep my option to review this recommendation upon my request, and therefore the recommendation will not be kept confidential.

____________________________________  _______________________
Applicant Signature                          Date

ACADEMIC RECOMMENDATION INSTRUCTIONS

The above student is applying to the School of Nursing at Lee University and has selected you as a person who can provide an academic recommendation. Please complete the attached recommendation form. Please DO NOT complete this form if the above named applicant has failed to select a confidentiality option above. Your prompt response is appreciated.

The completed recommendation form may be submitted with the application in a sealed envelope with your signature across the seal of the envelope. It may also be mailed directly to the School of Nursing office at the address provided below.
PROSPECTIVE NURSING STUDENT ACADEMIC RECOMMENDATION FORM

Full Name: ____________________________________________________________

Mailing Address: ________________________________________________________

City/State/Zip: ___________________________________________________________

Place of Employment: ____________________________________________________

Occupation: _____________________________________________________________

Describe relationship to applicant: _________________________________________

Length of relationship with applicant: ______________________________________

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<th>Above Average 4</th>
<th>Average 3</th>
<th>Below Average 2</th>
<th>Poor 1</th>
<th>Unable to Rate</th>
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Academic Recommendation
for School of Nursing

Please describe any additional qualifications and characteristics you consider to be of particular significance in evaluating the applicant’s abilities to succeed in this program.

At what level would you recommend this applicant?

☐ Strongly Recommended
☐ Recommended
☐ Not Recommended

______________________________
Signature of Person Providing Academic Recommendation

______________________________
Date

Please note: Prompt return of this recommendation form will help to expedite the application review process. Please return form to:

Lee University
School of Nursing
PO Box 3450
781 North Ocoee St, Monument Building, Suite 230
Cleveland, TN 37320-3450