
THE UNIVERSITY
OF TAMPA

UNIVERSITY OF TAMPA
Office of Admissions
401 West Kennedy Blvd.
Tampa, Florida 33606

Phone: 813-253-6211
Email: admissions@ut.edu
FAX: 813-258-7398
Plant Hall Room 122

**Application for Admission
Baccalaureate Nursing Program**

Name _____

Student ID# _____ LAST FIRST MI Soc. Sec # _____

Date of Birth ____/____/____ E-mail: _____

Please check: Male ____ Female ____

Permanent Address: _____

Local Address: _____

_____ (UT Box#) _____

Phone: (Home) _____ (Cell) _____

Check one: ____ U.S. Citizen
____ Resident Alien
____ International Student (Nonresident Alien)

Race/Ethnicity: White / Non-Hispanic ____ Hispanic ____ Black ____
Asian ____ American Indian ____ Unknown ____

Have you ever been convicted of, committed, pleaded no contest to, or had adjudication withheld with respect to a criminal act other than a minor traffic violation?

No ____ Yes ____ If Yes, please explain on a separate paper.

Are you currently attending The University of Tampa? ____ Yes ____ No

Please circle current status: Freshman Sophomore Junior Senior

Please list all colleges & universities attended:

Will you or have you **completed a degree at another institution** prior to your enrollment in the nursing program? ___ **No** ___ **Yes**

If Yes, please indicate:

COLLEGE / UNIV.	AREA OF STUDY	DEGREE	GRAD. DATE
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Please list pre-requisite courses now in progress or to be completed prior to entrance to Nursing Program:

Course Number	Course Name	Term/Yr.	Institution

(Send official transcripts upon completion of all coursework)
(UT Transcripts may be unofficial)

Will nursing be your *second career*? ___ **Yes** ___ **No**

Do you plan to live in campus housing? ___ **Yes** ___ **No**

Is English your first language? ___ **Yes** ___ **No**

What languages do you speak *other than English*? _____

Please list any extra-curricular activities, especially those related to the healthcare field:

The following documents must be submitted to the Admissions Office along with this application on or before October 15th.

___ University of Tampa transcript (may be unofficial if currently enrolled at UT)
And / or **official** transcripts reflecting coursework completed at **other institutions.**

****(Current Students: Resubmission of official transcripts from other institutions that were sent with initial UT application is not necessary, unless you have completed additional courses.)*

___ Letter of Recommendation from one of your college or university faculty members (Please use attached form)

___ Personal statement about why you want to be a member of the nursing profession. (*One page document, double spaced, 12 font*)

*******ADMISSION DECISIONS
WILL BE COMMUNICATED TO APPLICANTS DURING
THE SECOND WEEK OF NOVEMBER*******

Signature of Student

Date

The University does not discriminate on the basis of gender, race, age, color, handicap, sexual orientation or national or ethnic origin in the recruitment, admission and advancement of students or in the recruitment, employment and advancement of faculty and staff or in the design and operation of any of its programs and activities.

Return completed application and all supporting documents

By October 15th to:

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