LPN Mobility Application

Nursing Program
www.columbiastate.edu/nursing
(931) 540-2600

Date of Application _____   Social Security # _____

_____   _____   _____
Last Name   First Name   Middle Initial

_____   _____   _____ _____
Street Address   City   State   Zip

(_____)_____   (_____)_____   (_____)_____
Home Phone   Cell Phone   Work/Other Phone

E-mail Address _____

FOR OFFICE USE ONLY - CHALLENGE EXAM RESULTS _____

Exam: Date: _____   _____

Foundations: Score: _____   _____

Childbearing/OB: Score: _____   _____

Admitted to: Option A _____   Option B _____   Admission Date:_____

I understand that I must meet all admission requirements for the nursing program (the minimum cumulative GPA of 2.75 and the pre-requisite coursework). I am aware that in order to be eligible to take the licensure exam after graduation, I must verify that I am either:
1) a U.S. citizen, 2) a "qualified alien", or 3) a nonimmigrant who meets 8 U.S.C. 1621 requirements.

I understand that, once admitted to the nursing program, I will need to:
- Submit to a criminal background check
- Meet all health requirements

Applicant Signature _____   _____
                                         (Do Not Print – Use Ink)   *Date*   *(7/1)*

IMPORTANT INSTRUCTIONS RE: EMAIL/ELECTRONIC SUMISSION REQUIREMENTS for OCTOBER 2020:
This application, a copy of your driver's license, and a copy of your TN LPN license must be sent as attachments to NursingLPNApp@ColumbiaState.edu.