

The University of Tennessee at Chattanooga
School of Nursing
Dept. 1051
615 McCallie Avenue
Chattanooga, TN 37403
(423) 425-4644
(423) 425-4750 Director
(423) 425-4668 fax
www.utc.edu/Academic/Nursing

Dear Applicant:

We appreciate your interest in RN to BSN Gateway Program at The University of Tennessee at Chattanooga. In order to be considered for admission to the Gateway (RN-BSN) program, you must:

1. Have graduated from an accredited Associate Degree in Nursing or Diploma program and have your RN license.
2. Have a minimum of 2.0 GPA on all post-secondary school grades.
3. Be eligible to return to the last educational institution attended and meet UTC's continuation standards.
4. Be accepted to UTC by the Gateway program application deadline (submit all University application materials to the Gateway program office).
5. Submit a complete Gateway Program application by Feb. 1, including the following items:
 - Your up-to-date UTC RAP sheet (which will be available to you once your transcripts are evaluated and put into UTC's computer system).
 - Signed statement of awareness: ADA compliance
 - Copy of your current RN license
 - Two letters of recommendation from health care professionals who have known you in a professional capacity.
6. Meet with Rachel Dinsmore, RN-BSN Program Manager.

Please place the application and all other items in an envelope with your name on the front.

Applications may be submitted directly to Rachel in Metro 200, or they may be mailed to the address above. Please feel free to contact Rachel Dinsmore at 423.425.5624 or rachel-dinsmore@utc.edu with any questions you have at any time throughout the application process.

Sincerely,

Susan Davidson, EdD, RN
Gateway RN-BSN Program Coordinator

For UTC Use Only

RN to BSN Gateway Program
School of Nursing
The University of Tennessee at Chattanooga
615 McCallie Avenue
Dept. 1051
Chattanooga, TN 37403
(423) 425-5624

APPLICATION FOR ADMISSION TO THE GATEWAY (RN-BSN) PROGRAM IN THE SCHOOL OF NURSING

1. Complete each item on this form making certain that each entry is legible.
2. Enclose all items requested in the application. See checklist at the end of this application.
3. The completed packet must be received by Feb 1 in order to be considered for admission. **You must be accepted to UTC before applying to the Gateway Program.** University applications are available online at <http://www.utc.edu/Administration/Admissions/>. All materials for admission to the university, including high school and college transcripts, should be sent directly to the School of Nursing.

I. PERSONAL DATA

Name _____
Last First Middle Maiden

Permanent Address:

Street City State Zip Code

UTC MocsNet ID Number _____

Telephone Number () _____

Cell Phone Number () _____

E-mail Address _____

A. OPTIONAL ITEMS

Date of Birth _____ Age _____

Female _____ Male _____

American Indian _____ Asian _____ Black _____ White _____ Other _____

Married _____ yes _____ no _____

II. EDUCATIONAL INFORMATION

1. Name of high school from which you graduated _____ Year _____

Location _____
City State Zip

2. List all colleges and universities you have attended.

School name	City/State/Zip	Dates attended	Graduated Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. School from which you received your Associate Degree in Nursing (or Diploma):

4. If you have a previous bachelor's degree, what was your major? _____

PLEASE NOTE THAT ADMISSION TO THE UNIVERSITY WITH A PRE-NURSING MAJOR DOES NOT AUTOMATICALLY ADMIT THE APPLICANT INTO THE RN TO BSN PROGRAM IN THE SCHOOL OF NURSING. APPLICANTS MUST MEET THE ADMISSIONS CRITERIA OF THE GATEWAY PROGRAM AS WELL AS QUALIFY FOR ADMISSION TO UTC IN ORDER TO ENROLL IN THE UTC GATEWAY PROGRAM.

III. EMPLOYMENT INFORMATION

1. Are you currently employed? _____ yes _____ no

Please list your employment, beginning with your current (or most recent position):

Facility name	City/state	Dates employed	Position there

IV. RN LICENSE INFORMATION

RN License # _____ State _____ (multistate? __ Yes __ No)

Expires _____

V. REFERENCES

Select two (2) individuals who know you well to act as references for you. One of which must be a supervisor you have worked for recently.

1. The letters of recommendation must be enclosed in your application packet (in sealed envelopes signed across the back envelope flap by the person giving the reference). References should not be sent in separate from the application.

(NOTE: Please only send 2 recommendations)

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to/or continuation in The University of Tennessee. With this in mind, I certify that the statements herein are correct and complete. I also certify that I have read the requirements for admission to the nursing major in the UTC Catalog. I understand that admission to the University does not ensure acceptance into the RN to BSN major and the number of qualified applicants might exceed the number of students that can be admitted.

Signature _____

Date _____

The University of Tennessee at Chattanooga does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits, pursuant to the requirements of Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, The Americans With Disabilities Act of 1990, the Age Discrimination in Employment Act of 1967, and other applicable statutes. Inquiries and charges of violation of this policy should be directed to the Office of the Director for Affirmative Action, 104 Founders Hall (423) 425-4124.

CHECK LIST

Review prior to submitting application and check:

- _____ Application is complete
- _____ Application is signed
- _____ Two letters of recommendation are enclosed
- _____ Current RAP sheet is enclosed
- _____ ADA Statement signed and enclosed
- _____ Met with an advisor in the School of Nursing to determine eligibility