



# TENNESSEE WESLEYAN COLLEGE

Learn, Serve, Lead ... and Believe

Office of Enrollment Services • 204 East College Street • Athens, Tennessee 37303

1-800-PICK-TWC • (423) 746-5286 • Fax: (423) 745-9335 • www.twcnet.edu

## UNDERGRADUATE APPLICATION FOR ADMISSION

### ADMISSIONS & FINANCIAL AID PROCESS

(Please print in ink or type information)

STEP 1  
STEP 2  
STEP 3

Complete and submit application to TWC with non-refundable \$25 application fee.  
Submit your current or final High School or College transcripts or GED test scores.  
Submit all ACT or SAT scores. (TWC's ACT code is 4014/TWC's SAT code is 1805)

All transfer students must submit a letter of recommendation and those who are Tennessee high school graduates must also submit a high school transcript.

### PERSONAL INFORMATION

Legal Name: Mr. Ms. Mrs. \_\_\_\_\_  Female  Male  
Last Name First Name Middle Maiden Name

Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Apt. # City State Zip

County: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No (If NO - DO NOT complete this application, please request the International Student Application)

Ethnicity: Are you Hispanic or Latino?  Yes  No

Check all that apply:  Caucasian  African American  Hawaiian/other Pacific Islander  Asian  Native American/Native Alaskan

### ENROLLMENT INFORMATION

How did you hear of TWC?  College Fair  College Publications  TWC Website  Campus Visit  Church  Students Attending  
 Enrollment Services Specialist  Parents  Friend  Guidance Counselor  Alumni  Coach  Teacher  Advertisement  
 Other \_\_\_\_\_ Name(s) of person(s) checked above \_\_\_\_\_

Student Type:  1st Time Freshman  Transfer  Re-Admit  Transient  Non-Degree Seeking  Audit Only  Dual Enrollment  Teacher Certification

Semester you would like to enroll at TWC:  Fall  Spring  Summer Year: \_\_\_\_\_ Expected Enrollment:  Full Time  Part Time

Have you applied for admission to TWC in the past?  Yes  No If Yes, when? \_\_\_\_\_

Have you been denied enrollment or re-enrollment at TWC?  Yes  No If Yes, explain. \_\_\_\_\_

Housing Needs:  Residence Halls  Commuting

#### Intended Program of Study

- Behavioral Science
- Biology
- Business Administration
  - Accounting/Professional Accountancy
  - Computer Information Systems
  - Finance
  - General Management
  - Human Resource Management
  - Healthcare Management
  - International Management
- Chemistry
- Church Vocations
- Criminal Justice
- English & Foreign Languages
- Exercise and Sports Sciences
- General Science/Biology
- General Science/Chemistry
- History
- Human Services
- Interdisciplinary Studies
- International Studies
- Mathematics
- Music
- Nursing\*  Pre-Nursing
- Pre-Physical Therapy
- Pre-Seminary
- Psychology
- Sociology
- Undecided

#### EDUCATION CERTIFICATION

##### Early Childhood Education - Grades PreK-3

- Early Human Development and Learning

##### Elementary Education - Grades K-6

- Interdisciplinary Studies (Grades K-6)

##### Secondary Education - Grades 7-12

- General Science/Biology  English
- General Science/Chemistry  History
- Mathematics

##### Grades K-12

- Physical Education  Music Instruction

\*Also requires Nursing School Application. Check Pre-Nursing if you have not met all requirements for admission to the TWC Fort Sanders Nursing Department.

#### PRE-PROFESSIONAL STUDY (Choose one concentration)

- Pre-Dental  Pre-Law  Pre-Medicine  Pre-Optometry  Pre-Pharmacy  Pre-Veterinary Medicine

**PARENTAL INFORMATION (If 21 or older parent information is not needed)**

Father's Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Father's Occupation: \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Mother's Occupation: \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

**ACADEMIC INFORMATION**

Name of High School: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Graduation Date or Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  ACT Year: \_\_\_\_  SAT Year: \_\_\_\_  
month year

Are you participating in a dual enrollment program? (High School students only)  Yes  No Credits earned through: \_\_\_\_\_  
(Name of College or University)

Are you currently enrolled in college?  Yes  No

List the names (**most recent first**) of ALL colleges or postsecondary institutions you have attended. (Have the official transcripts sent to TWC)

(Name of Institution)	(Dates of Attendance)	Degree Received (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHOLARSHIP INFORMATION**

- Did your parents or grandparents graduate from TWC?  Yes  No
- Are you a member of the United Methodist Church? If no, denomination (optional) \_\_\_\_\_  Yes  No
- Are you a dependent of a United Methodist Minister?  Yes  No
- Did you participate in Junior Miss?  Yes  No
- Are you eligible for TELS? (Tennessee Education Lottery Scholarship, aka Hope Scholarship)  Yes  No
- Will you be auditioning for a Music Scholarship?  Yes  No
- Do you plan to participate in a collegiate sport at TWC? If yes, which sport? \_\_\_\_\_  Yes  No
- Are you a member of Phi Theta Kappa? (transfer students only)  Yes  No
- Are you a member of Phi Theta Kappa Academic Team? (transfer students only)  Yes  No

**ADDITIONAL INFORMATION**

If you answer "Yes" to any of the following questions, please include a brief explanation. (If additional space is necessary please attach a separate sheet.)

- Have you ever been expelled, dismissed or suspended for academic and/or disciplinary reasons?  Yes  No
- Have you ever been convicted of a felony or misdemeanor?  Yes  No
- Transfer Applicants Only - Are you ineligible to return to the last institution you attended?  Yes  No

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

As a Christian College, Tennessee Wesleyan maintains certain standards that are required of every member of our community even if they differ from personal convictions or preferences. These principles and expectations are outlined in the Student Handbook, available at [www.twcnet.edu](http://www.twcnet.edu). By making this request for admission, my signature indicates that I understand that I am to be governed by these standards and will abide by them. I understand that failure to comply with these standards will result in discipline by the College. My signature also serves as a release for the college to use my picture, if taken in group activities and/or in college advertising campaigns. I authorize my school to send my official transcripts to Tennessee Wesleyan College.

Applicant's Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



# TENNESSEE WESLEYAN COLLEGE

## Fort Sanders Nursing Department

### NURSING APPLICATION

**Application Deadline: January 15**

Print or type information below. Tear along perforation and return this application along with the TWC Admission Application, and the \$25 application fee to:

**Tennessee Wesleyan College; Fort Sanders Nursing Department; 9845 Cogdill Road; Knoxville, TN 37932**

Ms.  Mr.  Mrs. Name \_\_\_\_\_  
*Last* *First* *Middle/Maiden*

Address \_\_\_\_\_  
*Street* *City, State* *Zip*

Permanent Address (if different from above) \_\_\_\_\_  
*Street* *City, State, Zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

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

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

I am a (check one):  Basic Applicant (not currently a Registered Nurse)  
 Registered Nurse Applicant

When would you like to begin Nursing courses?  Fall  Spring  Summer Year: \_\_\_\_\_

Have you attended another Nursing program?  Yes  No

If yes, list dates, name of school and reason for leaving \_\_\_\_\_  
 \_\_\_\_\_

### ALL Applicants

**Employment: List work experiences within the last five (5) years, beginning with current or most recent position.**

Dates (From - To)	Position	Employer (City, State)	Reason for Leaving

*Continued on Reverse Side*

## RN or LPN Applicants ONLY

Nursing School Attended \_\_\_\_\_

Location \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City, State, Zip

LPN Program       Diploma Program       Associate Degree Program

State(s) Licensed \_\_\_\_\_ RN License Number \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

State(s) Licensed \_\_\_\_\_ LPN License Number \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

Have you ever had any disciplinary action against your nursing license?     Yes     No

If yes, list state, dates, type of action and outcome \_\_\_\_\_

### Important Information for All Applicants

*Tennessee Law 63-7-115 grants the Board of Nursing the power to deny licensure as a Registered Nurse (RN) to any applicant who has been convicted of a crime. Applicants deemed ineligible for licensure will not be admitted to the nursing program. If you have questions, you should immediately consult the Associate Dean of the Nursing Department.*

Have you ever been convicted of a felony?       Yes       No

If yes, explain \_\_\_\_\_

Have you ever been convicted of a Class A, B or C misdemeanor?       Yes       No

If yes, explain \_\_\_\_\_

*Criminal background checks are required as part of your admission process, and again prior to taking the National Council Licensure Examination for Registered Nurses.*

Do you have any health issues that may interfere with your ability to practice nursing and deliver safe and effective nursing care to patients?       Yes       No

If yes, explain \_\_\_\_\_

I certify that the information provided in this application is complete and true to the best of my knowledge.

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

**Final acceptance to the Nursing Program is contingent upon completion of all general education courses required for years one and two. A physical examination, immunizations and CPR certification (Health Care Provider), will be required prior to final admission.**

**Please have all official transcripts and recommendation forms sent to:  
TWC Fort Sanders Nursing Department; 9845 Cogdill Road; Knoxville, TN 37932**