

**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  
SCHOOL OF NURSING**

**INSTRUCTIONS TO APPLICANTS FOR  
SPECIAL STUDENT ADMISSION**

At least *two weeks prior* to registration the following procedures should be followed:

1. Secure permission from department chairman regarding enrollment in a course. A memo indicating the term in which the course is offered along with course name, course number and number of semester (or quarter) hours must be secured.
2. Secure a memo from your immediate supervisor granting you permission to enroll in coursework for a particular semester (or quarter). UMC employees only.
3. Request an official transcript from the school from which your latest degree was earned be sent to the Office of Student Records and Registrar.
4. Submit the special student application, the \$25 application fee and all supporting documents to the Office of Student Records and Registrar *two weeks prior* to registration.
5. Find out the date and time of registration. Your registration form will be in the Office of Student Records and Registrar.
6. At the time of registration, UMC employees may secure an employee tuition benefit form from Student Accounting. You must include a copy of your registration form when you file this tuition form with Student Accounting.
7. Also at the time of registration, special students who are not employees of UMC must go to N146 to apply for identification badge as a special student enrolled in coursework at UMC.

The University of Mississippi Medical Center adheres to the principle of equal educational and employment opportunity without regard to race, sex, color, religion, marital status, age, national origin or handicap. This policy extends to all programs and activities supported by the University of Mississippi Medical Center.

**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
**APPLICATION FOR SPECIAL STUDENTS**  
Office of Student Records and Registrar  
2500 North State Street \* Jackson, MS 39216-4505

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Legal Names: \_\_\_\_\_  
Last Name First Name Middle Name (do not use initials) Maiden Name

Local Address: \_\_\_\_\_  
Number and Street Telephone Number

City County State Zip Code

Permanent Address (if different from above): \_\_\_\_\_

City County State Zip Code

Day Time Telephone Number: \_\_\_\_\_

Mississippi Resident? \_\_\_\_\_ Number of years? \_\_\_\_\_ If not, what state or country? \_\_\_\_\_ Country of Citizenship? \_\_\_\_\_

(For fee paying purposes no student may be admitted as a resident unless his legal residence has been in the State of Mississippi for a continuous period of at least twelve months immediately preceding his admission. For other information regarding residency, please refer to the appropriate section in the UMC Bulletin.)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex:  Male  Female

Race: (Check below):

- Black or African-American  Asian  Permanent Resident Alien  
 White  Hispanic or Latino  Nonresident Alien  
 American Indian or Alaska Native  Native Hawaiian or other Pacific Islander  Other: \_\_\_\_\_

If you have ever been a student here, please complete the following:

Program: \_\_\_\_\_ Year: \_\_\_\_\_

If you have previously applied for admission to any program at The University of Mississippi medical Center or *I you are currently applying to any other program at The University of Mississippi Medical Center, please complete the following:*

Program: \_\_\_\_\_ Year of Application: \_\_\_\_\_

Previous Education: List *all* universities, colleges attended or currently attending, *including summer school.*

<u>Institution</u>	<u>Location</u>	<u>Enrollment</u>	<u>Degree/Date Awarded</u>	<u>Major</u>

Have you ever been convicted of or are there any charges pending against you for any criminal offense?  Yes  No

Have you ever been subjected to disciplinary action at or dismissed from any school?  Yes  No

If the answer to either of the above questions is yes, append an explanation.

## PROGRAM OR DEPARTMENT FOR WHICH YOU ARE APPLYING

- BSN in Nursing (Courses) \_\_\_\_\_
- Masters of Science in Nursing (Courses) \_\_\_\_\_
- Postmasters in Nursing (Courses) \_\_\_\_\_
- Doctorate in Nursing (Courses) \_\_\_\_\_

All required documents **MUST** be in the Office of Student Records and Registrar at least *two weeks prior* to registration.

An application must include \$25.00 application fee.

The application will not be processed unless the fee is remitted with the application.