

Admissions Application

Visit Imregis.org for helpful information: "[Admissions Requirements](#)" and "[Preparing Your Admissions Packet](#)."

PERSONAL DATA (please print clearly)

Legal Name: _____
Last First Middle Maiden

Preferred Name: _____

Mailing Address: _____
Number and Street

_____ City State Zip

Primary Personal Phone #: _____ Cell #: _____
Cell provider: AT&T Verizon other

Primary Personal E-mail: _____ @ _____ Are you a US Citizen? Yes No

Emergency Contact: _____
Name Relationship Phone

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____

PROGRAM INFORMATION

Please check the Program you are applying for:
 Nursing Day Division Evening/Weekend Division
 Radiography (*Day Division only*)

Are you currently an LPN/LVN and applying for the RN program? Yes No
If yes, please provide your current LPN License #: _____

Name as it appears on your license: _____

EDUCATION – High School and/or GED

List below, in chronological order, any High School(s) attended or GED information. Have the official transcript(s) and/or GED score sent to you but DO NOT OPEN them. Put all transcript envelopes with this application in your Admissions Packet.

High School _____ City/State _____

Date Entered _____ Date Left _____ Diploma Received Yes No

High School _____ City/State _____

Date Entered _____ Date Left _____ Diploma Received Yes No

Did you receive an equivalency diploma (GED): Yes No Date Awarded: ____ / ____ / ____ State: _____

EDUCATION – College

List below in chronological order, every college or university you attended, and degree earned (if applicable). You must submit official transcripts for all courses taken. Have the official transcript(s) sent to you but DO NOT OPEN them. Put all transcript envelopes with this application in your Admissions Packet.

College Name: _____
City: _____ State: _____
Dates of Attendance: _____
Graduation Date: _____
Degree/Certificate Received: _____

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City: _____ State: _____
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City: _____ State: _____
Dates of Attendance: _____
Graduation Date: _____
Degree/Certificate Received: _____

EMPLOYMENT HISTORY

Please include a resume or a list of past/present employment, including summer, temporary and volunteer work. For each employer, include position held and start/end dates.

VETERAN STATUS

Are you a veteran of a branch of the United States Armed Forces? Yes No

If yes, please indicate which branch: _____

REFERENCES (3 required)

We require three (3) references. Please go to www.lmregis.org/admissions/admissions-requirements to find out which individuals you can ask for a reference and also to download a copy of the LMRC Reference Form to send to each person.

TEAS SCORE (Nursing applicants only)

Each Nursing Program applicant must submit their score from the TEAS (Test of Essential Academic Skills) from within the last year.

APPLICATION FEE

Application fee is \$50 (Nursing Program applicants only). Please include check or money order made out to "Lawrence Memorial/Regis College" in your Admissions Packet. CASH NOT ACCEPTED.

NON-DISCRIMINATION POLICY

Lawrence Memorial/Regis College admits academically qualified persons without regard to race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, disability, or veteran status.

CRIMINAL BACKGROUND CHECK REQUIRED

If accepted to either the Nursing or Radiography Program, you will be required to submit to a criminal background check at your expense.

If you have any criminal cases open/pending, you are presumed ineligible to attend LMRC. If you have been convicted of certain misdemeanors or felonies or disciplined by a licensure/certification body in any state or jurisdiction, it impacts your ability to become a licensed practitioner in your chosen profession as follows:

Nursing: Per policy of the Commonwealth of Massachusetts Board of Registration in Nursing, you cannot be issued a licensure to practice as a registered nurse on either a permanent or temporary basis. For further information, contact LMRC's Vice President for Education.

Radiography: Per policy of the Commonwealth of Massachusetts Radiation Control Program/Radiation Technology and the American Registry of Radiologic Technologists, you may be precluded from being issued a license or certification in Radiography. For further information, contact LMRC's Radiography Program Director.

PROOF OF IMMUNIZATIONS AND HEALTH INSURANCE REQUIRED

If accepted to either the Nursing or Radiography Program, you are required to submit proof of immunizations and health insurance.

The Commonwealth of Massachusetts requires that all college students taking nine (9) or more course credits carry health insurance. If you do not have health insurance, LMRC will automatically enroll you in a plan from its contracted provider, at additional cost to you.

DOUBLECHECK YOUR ADMISSIONS PACKET IS COMPLETE!

www.lmregis.org/admissions/preparing-your-admissions-packet

SIGN THIS APPLICATION

With my signature I attest that the information on this application form and on other documents I've included in my Admissions Packet is complete and accurate. I understand the contents of this Admissions Packet remain the property of LM/RC and that my information is kept confidential and only used by LMRC's Admissions & Progression Committee to assess my candidacy.

Applicant Signature

Date

SEND YOUR ADMISSIONS PACKET

Make a copy of this application and any contents of this Admissions Packet (but not sealed documents -- do not open any sealed documents!).

Then deliver* this completed Admissions Packet to:

Admissions Coordinator
Lawrence Memorial/Regis College Nursing & Radiography Programs
170 Governors Avenue, Medford, MA 02155-1643

*You can deliver by any of the following methods: U.S. Postal Service; in-person delivery at LMRC (leave in drop box outside the front door or inside at the Admissions Office Mon-Fri 7:30am – 4:30pm); or via email to LMRCAdmissions@tuftsmedicine.org