

**UNION UNIVERSITY SCHOOL OF NURSING  
REGISTRATION FORM**

Term \_\_\_\_\_

Campus: Jackson  Germantown  Program: Undergraduate  Masters

**Undergraduate Tracks**

(Check Appropriate Track)

RN/BSN (Campus-based)  RN/BSN (E-campus)

**Graduate Tracks**

(Check Appropriate Track)

EDU  ADMIN  NP/CNS  Post Masters  FNP

(please print)

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Term/Session	Syn#	Course #	Course Title	Credit Hrs	Mtg Day	Date/Time		Rm #
						Begins	Ends	

Total Credit Hours: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

**PAYMENT PLANS**

**PAYMENT CALCULATION:**

\_\_\_\_\_ Semester Hours @ \$ \_\_\_\_\_ / hr. = \_\_\_\_\_

Total Due: \_\_\_\_\_

(Note: Full payment of semester tuition is due at registration)

**RETURN THIS FORM WITH PAYMENT TO  
YOUR ANTICIPATED ENROLLMENT LOCATION:**

**GERMANTOWN CAMPUS:**  
Union University School of Nursing  
Attn: Nursing Coordinator  
2745 Hacks Cross Road  
Germantown, TN 38138

**JACKSON E-CAMPUS:**  
Union University School of Nursing  
Attn: Coord. of BSN Program  
1050 Union University Drive  
Jackson, TN 38305-3697

\_\_\_\_\_ **Federal Stafford Loan:** Complete and forward the FAFSA to the federal government with Union University's code of 003528. Complete a Union Financial Aid application and a Stafford Master Promissory Note and forward to Union University Financial Aid Office. For more information, contact the Financial Aid Office at 731-661-5015.

\_\_\_\_\_ **FACTS Payment Plan:** FACTS is an electronic monthly draft from a savings or checking account. For more information, contact Business Services at 731-661-5071.

\_\_\_\_\_ **Employer Reimbursement** (Copy of your company's reimbursement must accompany registration.)

\_\_\_\_\_ **Personal Check** (make payable to "Union University")

\_\_\_\_\_ **Cash** or  Debit Card \_\_\_\_\_

\_\_\_\_\_ **Credit Card**  MasterCard  Amer. Express  Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

**TOTAL PAYMENT:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only:

Business Office clearance: \_\_\_\_\_

Date of Registration: \_\_\_\_\_