

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
SCHOOL OF NURSING

**LETTER OF INTENT TO PARTICIPATE IN THE
FRESHMAN EARLY ENTRY BACCALAUREATE PROGRAM**

_____ I **ACCEPT** admission into the Freshman Early Entry Baccalaureate program at the School of Nursing for the class entering in Summer _____ (year).

I understand that my acceptance into the upper division nursing program is contingent upon the successful completion of all progression and retention criteria for students in the Freshman Early Entry Program and successful completion of all prerequisite courses and academic requirements set forth in the University of Mississippi Medical Center *Bulletin* (catalogue).

I also give permission for my current educational institution (either Mississippi State University, Millsaps College, Tougaloo College, or the University of Mississippi) to send official transcripts of my grades at the end of each semester to the Office of Enrollment Management at the University of Mississippi Medical Center.

I am responsible for sending the final official transcript to the UMMC Office of Enrollment Management upon completion of all my course work. I will not be able to register without this final transcript.

_____ I will **NOT** accept admission as a Freshman Early Entry Student into the School of Nursing Baccalaureate program for the class entering in Summer _____ (year). (Please state reason for withdrawal of acceptance.)

Office of Enrollment Management University of
Mississippi Medical Center 2500 North State
Street
Jackson, MS 39216-4505

Scan to: Amber Gainwell againwell@umc.edu
and Johnlyn Rogers jmrogers@umc.edu

Printed Name

Date

Signature

Current Email Address