

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
SCHOOL OF NURSING

Early Entry RN-MSN
LETTER OF INTENT

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

Scan and Email

Scan To: Brittney Anthony branthony@umc.edu and
Johnlyn Rogers jmrogers@umc.edu

_____ I agree to accept the position offered me in the graduate nursing program beginning in the **Summer** _____ semester.

I understand that my acceptance into the graduate program is contingent upon the successful completion of all progression and retention criteria for students in the Early Entry Program and successful completion of all prerequisite courses and academic requirements set forth in the UMMC bulletin.

I also give permission for the Registrar at my institution to send official transcripts of my grades at the end of each semester to the Registrar's Office at the University of Mississippi Medical Center.

I am responsible for sending the official final transcript to the UMMC Registrar's Office upon completion of my degree and/or course work. I will not be able to register without this final transcript.

_____ I will **NOT** accept admission as an Early Entry RN-MSN Student into the School of Nursing RN-MSN program for the class entering in **Summer** _____
(Please state reason for withdrawal of acceptance.)

(Print Name)

Social Security Number (required)

(Signature)

(Date)

(Current email address)