



**Lawrence Memorial/Regis College  
Nursing and Radiography  
Associate of Science Programs**

170 Governors Avenue, Medford, Massachusetts 02155  
TEL (781) 306-6600 FAX (781) 306-6142 www.lmregis.org



**ADMISSIONS CHECKLIST**

This is a self-managed application. The applicant is responsible for collecting all of the required materials and mailing them in one package to the Admissions Office at Lawrence Memorial/Regis College. We highly recommend that you make a copy of your completed application for your own records.

The following required materials are enclosed:

- Application Form
- \$50 application Fee
- Essays [select two (2)]
- Employment List or Resume
- Three (3) completed Reference Request Forms, sealed envelopes
- Official** High School Transcript/GED – no copies/ diplomas, regardless of year or college degree
- Official** College Transcript(s), if applicable
- TEAS for Nursing Students Results (Nursing only)

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Per Policy - International students, applicants who have not completed all of their high school in the United States, must include all of the above plus:

- Certification of International Transcript, if applicable
- Score from one (s) of the approved English Proficiency Exams. Exams must have been taken within two (2) years. The approved tests and scores required are as follows:
  - Test of English as a Foreign Language (TOEFL) with a minimum score of 220 and/or essay score of at least 4.0 on the computerized TOEFL; an 83 on the Internet based TOEFL; or 560 on the paper administered TOEFL.
  - International English Language Testing System (IELTS) with a minimum overall band score of 6.5 with a minimum of 6.0 in all modules
  - Pearson Test of English Academic (PTE Academic) with a minimum score of 55 and no individual score below 50
  - Canadian English Language Benchmark Assessment for Nurses (CELBAN) with a minimum score of Speaking CBL 9 Reading CLB 8 and Writing CLB 7.



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**APPLICATION for ADMISSIONS**

**PERSONAL DATA:** *Please print clearly.*

Legal Name: \_\_\_\_\_  
Last First Middle Maiden

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street

City State Zip

Primary Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Cell provider:  AT&T  Verizon  \_\_\_\_\_ other

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

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 or GED**

List below in chronological order, any High School(s) attended or GED information. Have the official transcript(s) and/or GED scores sent to you and forward them unopened to the program with your application.

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: \_\_\_\_\_

**For office use only** Date received \_\_\_\_\_ Fee received  Yes  No Fee waived  Yes  No

## EDUCATION – College

List below in chronological order, **every** college or university you have attended whether or not a degree was obtained. You must submit official transcripts for **all** courses taken. Have the official transcript(s) sent to you and include the **unopened** envelopes with your application (if additional colleges, please attach list).

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

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

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

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

## EMPLOYMENT

Please enclose a resume of past and present employment with your Application for Admission. List present or most recent employment first with dates and position(s) held; include summer, temporary and volunteer work.

## REFERENCES (3 required)

Academic and/or employment references are required from three persons (not relatives or friends). Reference must be submitted on the Reference Request form in original, unopened, sealed envelopes. This form is available online at: [www.lmregis.org](http://www.lmregis.org).

## ESSAY

Select two (2) questions for the essay; answer each question separately, label the questions, no more than 500 words per question:

1. Describe a time when you were faced with a challenging situation and how you worked through or handled it?
2. Have you ever been in a situation when one of your team members were unproductive or uncooperative? Tell us about it and what you did.
3. Reflect on a time when your personal integrity was challenged and describe how your core values framed your response.
4. How will you balance your life situation with the demands of being a student?

## TEAS for Nursing Students (Nursing applicants only)

Each applicant must submit scores from the TEAS for Nursing Students. Results are good for one year from the application date. TEAS results are considered as one aspect of the applicant's admissions profile. No minimum score is required. The TEAS test is not administered through LM/RC. Applicants must register for the TEAS on their own through ATI Testing, <https://www.atitesting.com/>.

## APPLICATION FEE

A non-refundable fee of \$50 is required. Checks and money orders made payable to Lawrence Memorial/Regis College should be submitted with this packet.

## DEMOGRAPHIC INFORMATION (optional)

I identify my gender as \_\_\_\_\_

Race/Ethnicity: Please answer **both** a. and b.

A. Ethnicity: Are you of Hispanic or Latino origin?  Yes  No

B. Race: Choose one or more from the list below

African American/Black  American Indian/Alaskan Native  Native Hawaiian/ Pacific Islander  
 Asian  Cape Verdean  White/Caucasian  Other

\*Are you a U.S. Citizen?  Yes  No

If No, are you a Permanent Resident (Green Card)?

Yes (Please submit a copy of both sides of Green Card) Alien Registration/Visa#: \_\_\_\_\_

No (Please submit visa type) \_\_\_\_\_

Note: An English Proficiency exam is required for all applicants who have not completed grades 1-12 in the United States. An official score report is required in an original, sealed envelope.

Do you serve or have you ever served as a member of the U.S. armed forces?  Yes  No Branch: \_\_\_\_\_

Marital Status:  Single  Married Other: \_\_\_\_\_

## ADMISSIONS INFORMATION

Admission to the Lawrence Memorial/Regis College Nursing and Radiography Program is based on the student's personal and academic records. All available information is considered, including school record, evidence of academic maturity and independence, scores on standardized tests, extracurricular activities and general contributions to community and school.

Lawrence Memorial/Regis College admits academically qualified persons without regard to basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, disability, or veteran status. Since direct patient contact is involved in the clinical aspect of our programs, enrollment is contingent upon meeting specific cognitive, sensory, affective and psychomotor performance requirements.

## GOOD MORAL CHARACTER

Applicants are advised that they must be of good moral character in order to be granted licensure by the Commonwealth of Massachusetts.

According to Massachusetts Board of Registration in Nursing policy, a licensure to practice as a registered nurse may not be issued on either a permanent or temporary basis to a person who has been convicted of certain misdemeanors or felonies or disciplined by a licensure/certification body in any state or jurisdiction. Contact the Vice President for Education for further information. According to the Radiologic Technology by the Commonwealth of Massachusetts Radiation Control Program and the American Registry of Radiologic Technologists, applicants are advised that certain misdemeanors or felonies, as well as disciplinary actions by other licensure/certification bodies in any state or jurisdiction may preclude licensure or certification in Radiography. Contact the Radiography Program Director for further information.

## HEALTH AND BACKGROUND REQUIREMENTS

The safety and well-being of our students, faculty and the patients we serve are paramount. For that reason, ALL students are required to submit proof of immunizations and undergo a criminal background check before enrolling in their first course. Students who cannot provide proof of the necessary immunizations, or who are found to have certain criminal convictions or pending (open case) criminal actions, are presumed to be ineligible to participate in Lawrence Memorial/Regis College's academic and clinical programs. The Commonwealth of Massachusetts requires that college students taking nine (9) or more course credits carry health insurance. Students without proof of insurance will be automatically enrolled in the College's health plan.

## HOW DID YOU HEAR ABOUT LM/RC?

- From an Alumni/ae     Internet Search     Friend or Relative     College Fair  
 Newspaper     Workplace     Other \_\_\_\_\_

Please send application, employment list, references, essay, \$50 application fee and all other required documents to:  
Admissions Coordinator  
Lawrence Memorial/Regis College Nursing & Radiography Programs  
170 Governors Avenue, Medford, MA 02155-1643

*The undersigned agrees that the information furnished on this Application for Admission form, together, will all information and materials of any kind received, shall be completely confidential and shall not be disclosed to anyone, including the candidate and family of the candidate. The Chair of the Admission and Progression Committee may, for official purposes, disclose any part or all thereof to such person(s) deemed advisable.*

The information given on this application form and other submitted documents is complete and accurate. All submitted materials remain the property of LM/RC.

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Applicant Signature

Date