Welcome to the Carson-Newman University’s Graduate Program!
In this packet, you’ll find the documents needed to complete the admissions process and information you will need to start your courses and more!
Welcome to Carson-Newman University’s graduate studies program! I am pleased that you have decided to pursue your educational goals here. You will find Carson-Newman lives up to its reputation among employers for producing solid, well-rounded, and well-educated graduates who are prepared as experts in their disciplines.

Please read the information in the packet carefully. It includes enrollment information and all the forms you will need to complete the enrollment process at C-N. If after reviewing all of the materials you still have questions, please feel free to contact me at any time at 865-471-4652 or rmckinney@cn.edu. You may also contact the Office of University Admissions at 865-471-3223.

I look forward to welcoming you to the Carson-Newman Eagle Family!

Sincerely,

Robin McKinney
Graduate and Adult Admissions and Services Advisor
Carson-Newman University
C-N Box 72025 | 1646 Russell Ave. | Jefferson City, TN 37760
865-471-4652 | rmckinney@cn.edu
BEFORE YOU BEGIN

CLASSES CHECKLIST

Class Registration (excluding off-campus graduate education students):

To notify the Office of Admissions of your intent to enroll and to begin the class registration process, please complete the Intent to Enroll Form online at [www.cn.edu/adult](http://www.cn.edu/adult). Upon receipt of your form, your academic advisor will contact you and proceed with officially registering you for classes and finalizing your course selections. You may review the Graduate Course Catalog online for policy and course information.

Off-campus Graduate Education students will automatically be registered for classes. Please contact Robin McKinney at [rmckinney@cn.edu](mailto:rmckinney@cn.edu) or 865-471-4652 with questions.

Biographical Student Data Form

Fill out and return the enclosed Student Data Form to the Office of Admissions. This information is used for financial and U.S. Census reporting. It is critical to have accurate information. This form may also be completed online at [www.cn.edu/adult](http://www.cn.edu/adult).

Immunization Form

If you are attending classes in any physical location, Tennessee state law requires Carson-Newman to have your immunization record on file. When we receive this completed form all medical holds during the registration process are lifted. Immunization Form located in the forms section of this packet. You will not be allowed to attend classes without this form being submitted.

Financial Assistance

If you wish to explore federal and state financial assistance and student loan opportunities, please complete the Free Application for Federal Student Aid (FAFSA) at [http://www.fafsa.ed.gov](http://www.fafsa.ed.gov). Please be sure to include Carson-Newman’s code, 003481, as your university choice. Please also visit the Carson-Newman University Office of Financial Assistance website at [http://www.cn.edu/administration/financial-assistance](http://www.cn.edu/administration/financial-assistance). Contact the C-N Office of Financial Assistance with questions at [financialaid@cn.edu](mailto:financialaid@cn.edu) or 800-678-9061 | 865-471-3247.
Confirm Registration

Prior to the beginning of each semester, all students must complete the Registration Confirmation process. Graduate and Adult students simply need to complete the Registration Confirmation Form at www.cn.edu/adult.

If you do not confirm by designated date listed on the Registrar’s page late enrollment and registration fees of $25.00 will be charged to your account and financial aid will be cancelled.

Please note our policy concerning class attendance: Students who do not report to class by the second class period will be administratively dropped from the course(s) not attended. Students taking online classes must log in and submit an assignment for class on C-N Online/e360 during the first week of class to be counted as attending. Any decrease in registered hours may impact student enrollment status and may result in the cancellation of financial aid.

Pay

You have several payment options:

- Online at https://cn-connect.cn.edu
- Telephone using Visa, MasterCard, or Discover Card: 865-471-3209
- Mail: Carson-Newman University, Treasurer’s Office, PO Box 557, Jefferson City, TN 37760.
- UPS or FedEx: Carson-Newman University, Treasurer’s Office, 1646 Russell Ave., Jefferson City, TN 37760
- Tuition Payment Plan: https://tuitionpay.salliemae.com spread your tuition payments over a period of several months.

Books and Supplies

Purchase Books and Supplies right online at: www.cn.edu/current-students/bookstore. When you log in and find your course the books required for your course will be listed with the matching ISBN number. You can use this should you choose to order the book elsewhere.

Keep track of your Courses

Keep track of your degree plan. You’ll need to know when you are nearing graduation deadlines so you may apply to graduate. Keep track on the paper form provided in this packet and then as you near your graduation date, log onto C-N Connect and complete the online degree plan.
ONLINE STUDENTS:

Online Student Orientation Online students should register for the Online Student Orientation which covers a general overview of resources as well as the learning management system C-N Online/Edvance360. Register at: www.cn.edu/online

Online Learning Management System Review the quick 2 minute video about C-N Online/Edvance360 to understand how to work with the online learning management system at: www.cn.edu/online. Checklist for Students New to Online Learning link.

ON CAMPUS STUDENTS:

e2Campus Alerts All on campus students are urged to sign up for emergency text alerts. http://cnweb.cn.edu/alert/

Housing There are many housing options in Jefferson City and limited number of resident spaces on-campus for Graduate students. Apply for an on-campus residence room at: www.cn.edu/administration/student-affairs/residence-life.

Student ID Cards Student ID cards are needed to access many on-campus resources. These are made in the office of Residence Life, Maddox Student Activities Center (MSAC). Walk-In hours are Monday – Friday 9 to 11 and 2 to4. For an appointment call 865-471-2009.

Parking Hang Tags All students, whether attending day or evening classes must purchase a parking hang tag. Hangtag cost is $35 and they are active for a full year. A hang tag registration form is located in the forms section of this packet. Complete the hang tag registration form and submit payment in person in the Safety and Security office located at: 2209 Branner Avenue, directly behind the Stokely Building between 8:30 and 4:30 (except for lunch from noon until 1 p.m.). To arrange a later hour call: 865-471-3559.
CONTACT INFORMATION

Adult and Graduate Studies Admissions .......................................................... 800-678-9061
Registrar .............................................................................................................. 865-471-3223
Graduate Assistantship ................................................................. 865-471-3224

Graduate Program Offices

- Graduate Business Programs ........................................................ 865-471-3316
- Graduate Education Programs ........................................................ 865-471-3320
- Graduate Counseling Programs ..................................................... 865-471-3320
- Graduate Nursing Programs .......................................................... 865-471-3425
- Graduate Religion Programs .......................................................... 865-471-3277
- Graduate Sociology Programs ....................................................... 865-471-3270
- William Blevins Institute Programs ........................................... 865-471-3274

Financial Assistance .................................................................................. 800-678-9061
Treasurer’s Office ....................................................................................... 865-471-3247

Weather and Emergency Information (Class Cancellations) ............. 865-471-3559
also, sign up for e2Campus emergency text alerts system: cnweb.cn.edu/alert

Library ..........................................................................................................
Campus Safety ............................................................................................. 865-471-3559
Campus Ministry ....................................................................................... 865-471-3537
Career Services ........................................................................................... 865-471-3483
Student Counseling Services ................................................................. 865-471-3533
......................................................................................................................... 865-471-3535
Student Health Services ........................................................................... 865-471-3350
Housing .................................................................................................. 865-471-2009
Student ID Card .......................................................................................... 865-471-2009
Student Parking ......................................................................................... 865-471-3559
Student Access Services (Disability) ...................................................... 865-471-3268
International Student Services ............................................................... 865-471-4777
Student Data Form

This form may also be filed electronically at:
Or submit to:

Adult and Graduate Studies
Carson-Newman University
C-N Box 71985
Jefferson City, TN 37760
FAX: 865-471-2013
Email: adult@cn.edu

*STUDENT ID NUMBER: ____________________________

Name of Graduate or Degree Completion Program: ____________________________________________________________
Starting Term: ___ Fall ___ Spring ___ Summer                        _________ Year

STUDENT INFORMATION

Legal Name __________________________________________

Last                                   First                         Middle                                Other

Address _____________________________________

Street                                                                                               APT/PO BOX
________________________________________________________________________

City                                                                State                                       Zip/Postal Code

Telephone   ____________________________________  Best time to be reached _____________________________

PERSONAL DATA (For Institutional Reporting Purposes)

Social Security Number: ___ ___ - ___ - ___ ___ ___     Gender: ___ Male ___ Female     Birth Date: ___ / ___ / ___

Religious Affiliation: ____________________________________________ U.S. Citizen: ___ Yes ___ No     If no, Country: ______________

Ethnic Background: ___ African American ___ Asian or Pacific Islander ____ Caucasian ____ Hispanic

____ Native American ______________________________ Multi-ethnic ____________________________ Other

Veteran of U.S. Armed Forces: ___ Yes ___ No ___ Active Duty

Related to Alumni: ___ NO     Yes: _________________________________________________________________

Will you need special accommodations due to a disability? ___ No ___Yes ___________________________________

If yes, please explain.
Please attach a copy, front and back, of your health insurance card. If you have no health insurance, you can investigate the policy available to students, through the university at www.studentinsure.com (use school ID# 17).

C-N ID# _____________________________

Name_____________________________________________________________________

Last First Middle
Birth Date_____________________

Entering (year) fall ____________ spring ____________ summer ____________ transfer ____________ adult ____________

Home address______________________________________________________________________________________________

Street City/ State/ Zip Code Country

Cell phone # ____________________________ Home phone # ____________________________

My health issues/conditions: ____________________________________________________

Routine medicines: ___________________________________________________________________________________________

Tetanus status: choose most recent from the following, please include date

Tdap _______________ or Td_______________ or DTaP_______________

I give my permission for the nurse-in-charge of the Carson-Newman Health Services/physician/emergency personnel to provide necessary treatment in the case of illness or injury.

Student (parent if a minor) signature _____________________________________________________________________________

THE FOLLOWING IMMUNIZATION INFORMATION MUST BE PROVIDED AND SIGNED BY A QUALIFIED HEALTH CARE PROVIDER (physician, advanced practice nurse, physician assistant, or public health nurse of a Tennessee public health department).

Measels, Mumps, Rubella (MMR vaccine) Tennessee State Statute Chapter 1200-14-1-29
Check one of the following, please include dates

_____ 2 doses of MMR (given no earlier than 4 days before 1st birthday, > 28 days apart)

Dates #1 ___________________________ #2 _____________________________

OR

_____ Blood titer (IgG) positive for measles and mumps and rubella  Date ____________

_____ Persons born before 1957 are not required to provide proof (presumed immune due to previous illness)

TB skin test (tuberculosis) PPD Mantoux within the last year  (Tubersol only, Aplisol not accepted)
Check one of the following, please include dates

_____ PPD date ____________ negative ____________ positive ____________

OR

_____ Chest X-ray date ____________ negative ____________ positive ____________
Varicella “chickenpox” vaccine, Tennessee State Statute Chapter 1200-14-1-29
Check one of the following, please include dates

_____ 2 doses of varicella vaccine (given no earlier than 4 days before 1st birthday, ≥28 days apart)
   Dates #1 _____________________ #2 _____________________
   OR
_____ Healthcare provider, named below, believes the student has had chickenpox
   Year of Illness (optional) ____________________
   OR
_____ Blood titer (IgG) positive for varicella Date ________________

_____ Persons born before 1980 are not required to provide proof (presumed immune due to previous illness)

Meningococcal vaccine, Tennessee Public Acts 2003, Chapter 102-49-7-124
Check one of the following, please include dates

_____ 1 dose Meningococcal vaccine Date __________________________
   OR
_____ Blood titer (IgG) positive for meningitis Date ____________________

Hepatitis B vaccine, Tennessee Public Acts 2003 Chapter 136-49-7-124
Check one of the following, please include dates

_____ 3 doses Hepatitis B
   Dates #1 _____________________ #2 _____________________ #3 _____________________
   OR
_____ Blood titer (IgG) positive for Hepatitis B Date __________________________
   OR
_____ Signed waiver of student (parent if a minor)
I have received and read the information explaining the risks of Hepatitis B and the effectiveness of the vaccine. I understand that under Carson-Newman University policy, students enrolled are required to be vaccinated against Hepatitis B. However, with this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Carson-Newman University, officers, employees and agents from any and/or all cost, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against Hepatitis B:

Signature of student (parent if a minor) ____________________________ Date ________________

HEALTH CARE PROVIDER

Signature __________________________________________________________ Date ________________

Name, Address and/or Professional Stamp updated June 2013
Application for Graduation
Carson-Newman University

Last Name ___________________________________________ First Name ___________________________ Student Number ____________

Name to be printed on diploma ___________________________________________________________________________________

Applying for Graduation:  □ May __________________________ □ July* __________________________ □ Dec __________________________ YEAR: ________________________

*(July graduates may participate in May or December ceremony)

Degree:  □ BA □ BM □ BS □ BSN □ MED □ MAT □ MBA □ MSC □ MSN □ EED □ EDS

Catalog Year graduating under: ________________________

Major ___________________________________________ Second Major ___________________________________________ Minor ___________________________________________

Local Phone #: (_____) ___________________________ Cell Phone #: (_____) ___________________________

Local Mailing Address:  (if different than home/permanent address)

________________________________________________________________________________________

Street __________________________________ City __________________________ State __________________________ Zip _______________________

C-N Box # ___________ C-N Email __________________________________________ @ __________________________

Please check CN box and CN email regularly for communication regarding commencement

Hometown, State for Commencement Program: City __________________________ State __________________________

Student Signature: ___________________________________________ Date: __________________________

Advisor Signature: ___________________________________________ Date: __________________________

Program Director Signature: ___________________________________________ Date: __________________________

Registrar Signature: ___________________________________________ Date: __________________________

INSTRUCTIONS:
Submit Application for Graduation and Copy of Evaluation to Registrar before the end of the semester in which 96 hours is completed.

- Any changes in course listings on degree plan must receive appropriate approval.

- Satisfactory completion of common degree requirements, general education and required major courses fulfill graduation requirements and ultimately rests with the student.

Graduation Check:  C-N Hours ________ C-N GPA ____________ Cum Hours ________ Cum GPA ____________

Date Graduation Verified and Approved __________________________ by __________________________
Accessing the Carson-Newman Network Accounts

All current students are entitled to a **C-N Network Account**. With this account you are able to log onto the C-N network and Intranet, and send/receive email through the C-N email system. In order to maintain your activation you must be a registered student and be in compliance with the C-N Information Technology Policy.

**User Name:** Your student’s Network Account (as well as email, C-N Connect, C-N Online and EagleNet) user name is created from your official name on file with the Registrar’s office.

The user name is automatically set to the first initial, middle initial and full last of your name.

example: Ex. John D. Smith is jdsmith

If two students (past or present) have the same first initial, middle initial and last name the student information system automatically assigns a random number after your last name. Please contact ithelpdesk@cn.edu if you do not know your user name.

**Password:** Your password is initially set to the last 6 digits of social security number.

Your Network account is NOT the same as your C-N Connect account password. If you have difficulty logging in please contact the IT Helpdesk. ithelpdesk@cn.edu or 865-471-3506

The following network applications require you to log in

- **C-N Connect** (Course schedules, Financial Aid Awards, Student billing)
- **C-N Online/Edvance360** (Access to Courses) Courses will not appear on your menu until the first day of the term unless the instructor sends you a message telling you otherwise.
- **EagleNet** (C-N Intranet and Document Share)
- **Email** Email is an official form of communication. It is important to check your Carson-Newman email daily while you are an active student.
- **Emergency Text Alert System** (e2campus) For on-campus students.
- **Library Databases** (and more - CN LibAnswers)

For Information Technology Help–How to–and Policy [www.cn.edu/it](http://www.cn.edu/it)

CARSON-NEWMAN INFORMATION TECHNOLOGY

IT Helpdesk
Room 121 Dougherty Science Center
email: ithelpdesk@cn.edu | phone 865.471.3506
Background Check Instructions

Pursuant to Tennessee Code Annotated 49-5-413, 37-1-414, 71-3-507, students are required to obtain a criminal background check prior to working with children. A criminal background check is also required for admission to the Teacher Education Programs, School Counselor and Education Graduate Studies.

In order to qualify for placement in Tennessee schools, for practicum experiences and student teaching, go to the IdentoGO by Morpho Trust USA web site to obtain registration information for a background check. You must have a background check using Carson Newman's ORI Number. Second or third party background checks will not be accepted.

Directions to register for the background check:

1. Log on to: www.identogo.com
2. Select “Tennessee” on the US map.
3. Select the “Online Scheduling” link.
4. Select the appropriate link for your language preference.
5. Enter your first and last name and select the “Go” button.
6. Select the “Non-DCS Child Care/Adoption Providers” from the Agency Name drop down menu.
7. Select “Child-Related Worker (private)” from the Agency Type dropdown menu.
8. Enter the ORI Number: TNCC45004 and select the “Go” button.
9. Select the Yes button to confirm that you have selected to be fingerprinted for Carson-Newman.
10. Proceed to select your Fingerprint Location.
   - Type of Transaction: DP ($42.00)
   - Payment to be made by: Applicant
   - Does the applicant transport children, adults, handicapped, or hazardous material? NO

Please accomplish this as soon as possible so that practicum/student teaching experiences can begin on time.

If you are going to student teach in Knox County, you will also be required to complete a drug test. To arrange for the drug test, please contact Ms. Stacey Dykes in the Knox County Schools Human Resources Office 865-594-1913. The drug is $30.00 payable to Knox County School System.

Revised January 2013
Application Checklist for Provisionally Admitted Graduate Students

A provisionally admitted student is a student who has not met all specified requirements but has been permitted to begin taking courses in a degree program. The provisionally admitted candidate will be sent a letter outlining what must be completed before being fully admitted. A student can take no more than 12 hours as a provisionally admitted student.

Completed Application

☐ Completed application

☐ Application fee: $50

☐ One completed recommendation form from each of the following areas: academic, employment, and character

☐ One official transcript of all undergraduate study. Also, one official graduate transcript(s) showing degree completion for those applying to the Ed.D and Ed.S. programs or one official graduate transcript showing courses which are being transferred to Carson-Newman to apply toward the Master’s degree (maximum of 9 semester hours taken within the past 5 years)

☐ Written statement of purpose

☐ Official test scores as required by individual graduate programs (see for specific test score requirements).

☐ Interview as required by individual graduate programs

☐ Copies of current teaching licensures for education, counseling, and nursing programs.

☐ Letter of intent to hire (Transitional Licensure candidates).

☐ Verification of past employment and resume if required by the individual graduate program.

☐ Background record check if required (School Counseling, Education, Social Justice)

☐ Scholarly Writing Sample (Ed.D. and Ed.S. programs)