



- x Note: If your application does not include a valid email address, you will not receive any correspondence regarding your application.

Associate Degree in Nursing Application

Date: _____

Full Name First _____ Middle _____ Last _____

Street Address _____ App/Suite _____

City _____ State _____ Zip Code _____

MSJC E-mail: (if you have one) _____

Personal Email: _____

Phone # _____

Application Instructions:

Nursing Evaluation Eligibility Program Notes

Ensure your Program Notes are up to date. You can access them through your MSJC Self Service under Student Planning My Progress > Evaluation and Graduation Results

Nursing Evaluation Request Deadline If you missed the deadline for submitting a Nursing Evaluation Request, you are not eligible to apply at this time

Document Submission: If required by your Program Notes, attach a copy of your high school diploma, GED, or transcript showing the Diploma Date.

Program Match: Ensure the program listed in your evaluation matches the one you're applying to. (Either Nursing Non-transfer RN (ADN) or Nursing Advanced Placement AS (LVN to RN) program.



Proficiency or Advanced Level Coursework in Languages other than English

Indicate your proficiency in a language other than English and provide supporting documentation (e.g., transcript, Seal of Biliteracy).

Are you proficient in a language other than English? Yes _____ No _____

Previous Academic Degrees, Diplomas, Relevant Licenses, or Certificates

Provide copies of any relevant health-related licenses or certificates.

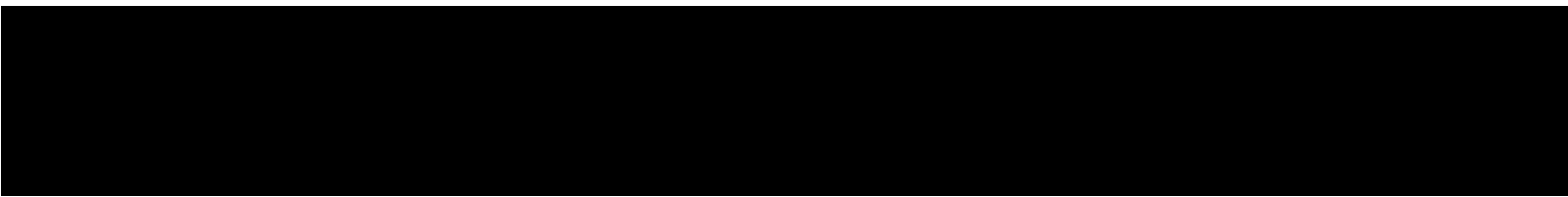
Life Experiences or Special Circumstances

Select one area and attach the required proof outlined in the Criteria Point System.

<https://www.msjc.edu/nursingandalliedhealth/adn/documents/ADNi-Criteria.pdf>

Military Experience

Provide documentation such as DD214 or an equivalent official document





Approximate Expenses

Acknowledge that these are approximate expenses for the program and are subject to change.

Approximate Costs:

1. Tuition:
 - a. Generic: \$1,932
 - b. LVN: \$966
2. Student Fees: \$172
3. Parking: \$160
4. Uniforms: \$240
5. Textbooks: \$500
6. CPR Certification: \$65
7. Physical Exam: \$165
8. castle Branch: \$122
9. NCLEX Exam: \$375
10. Resources/ Kaplan: \$660
11. Student Kits: \$300
12. Professional Liability Insurance: \$104
13. Health Insurance *varies*



Nursing and Allied Health Department Demographics Questionnaire

To be submitted to the Chancellor's Office annually and for additional annual surveys/reports
(Confidential – Required for Application Completion)

Name _____ Student ID# _____

1. Gender
Male



- _____ Exam accommodations (modified/extended time/distracted reduced space)
- _____ Assistive technology/alternative format
- _____ Notetaking services/reader/audio recording/smartpen
- _____ Priority registration
- _____ Reduced course load
- _____ Transportation/mobility assistance and services/parking



- 24-31 hours
- 32-39 hours
- 40 hours or more

14. Have you had previous experience working in health care? _____ If yes, how many years?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-8 years
- 9 years or more

15. Health care work experience

- None
- Licensed Vocational Nurse LVN
- Certified Nursing Assistant CNA
- Emergency Medical Technician EMT
- Medical Assistant MA
- Health related military experience
- Other_____

16. Did you move from out of state to attend this program? Yes_____ No_____

17. Highest educational level completed

- High school or equivalent
- Associate's degree
- Bachelor's degree
- Master's degree
- Other_____

