

**MT. SAN JACINTO COLLEGE
ASSOCIATE DEGREE IN NURSING (RN) APPLICATION**



Application Filing Period: September 1st – 15th for spring 2023 admission

Applications will only be accepted electronically through the ADN Dropbox on the [MSJC Student Support Hub](https://msjc.edu/hub) under Nursing and Allied Health at msjc.edu/hub.

Correspondence with students regarding application status will be communicated via personal email or your MSJC student email if you have one, check both daily for any possible correspondence.

Date: _____

Last Name (Please Print)

First Name Middle Name (Initial)

Previous name (Please Print)

Previous name (Please Print)

MSJC Student ID # for current students

Personal email (and MSJC Email for current students)

Mailing Address

City State Zip

() _____
Primary Phone #

() _____
Alternate Phone #

Please Note

Application contents must be submitted in the order as they appear on this application form. Incomplete or inaccurate application packets will automatically disqualify the applicant. Original or official copies of any documents submitted with the application can be requested at any time.

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1. Attach Nursing Evaluation Eligibility Program Notes and any required documents as stated on your Program Notes.
 - The Program Notes can be found in your MSJC Self Service account under Student Planning then View My Progress then click on Evaluation and Graduation Results.
 - Read your Program Notes carefully to make sure they reflect the program you are applying to, ie. "Nursing Non-transfer RN (ADN)" or "Nursing LVN Path Non-transfer AS (LVN to RN)."
 - If you did not submit a Nursing Evaluation Request by the required deadline you are unable to apply to the program at this time.
 - If your Evaluation does not include your diploma, GED or equivalent, or degree attach a copy with your application.

2. Previous Academic Degrees, Diplomas, Relevant and Current Licenses or Certificates
 - Please provide a copy of any current licenses and/or certificates that you may have. If you are an LVN license please submit your license from the Breeze website.
 - See Section 1 from the Multi-Criteria Selection Process for a list of approved licenses and/or certificates. Applicant must be in good standing with licensing board.

3. Proficiency or Advanced Level Coursework in Languages other than English (See #6 of the Multi-Criteria Point System).
 - a. Circle the language in which you are proficient or add if not listed:
American Sign Language, Arabic, Chinese (including various dialects), Farsi, Russian, Spanish, Tagalog, Languages of Indian Subcontinent & Southeast Asia, Other _____

 - b. Check the appropriate box that supports your proficiency in the above language:
 - Two (2) semesters of the same foreign language from a U.S. regionally accredited College or University (attach transcript if not verified on Transcript Evaluation)
 - Identified language above is spoken at home (*Verification must be provided upon request*).

4. Life Experiences or Special Circumstances: A maximum of 5 points will be applied to **one area only**. Please mark the appropriate boxes and attach criteria/application requirement proof as noted on the Multi-Criteria Selection Process form (#4) and provide required 150 word statement.

a. Veteran or Active military status	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Disabilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Low Family Income	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. First generation of family to attend college	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Need to work during pre-requisites	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Disadvantage, social or educational environment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Difficult personal and/or family situations or circumstances	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Refugee	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. If you are active or veteran military, or National Guard in good standing status please provide a DD214 or equivalent official document based on your area of service (see #5 on the Multi-Criteria Selection Process).

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6. Relevant work or volunteer experience in Health Care within the last 3 years, at least 100 hours.
(See #7 on the Multi-Criteria Point System) YES NO
- Submit either the Work or Volunteer Experience form, or letter on company letterhead attached to the Work or Volunteer Experience form, signed by your supervisor, manager, or Human Resources representative with their contact information that states the number of hours worked and your dates of employment.
7. Please submit an official ATI TEAS transcript of your highest score of two attempts from either TEAS Version 6 or 7. Please order them from atitesting.com and select MSJC CC ADN. *Submit proof with your application that you ordered an official ATI TEAS transcript and had it sent to NursingandAH@msjc.edu.
8. Have you ever violated the Student Code of Conduct at any College and/or University? YES NO
9. Have you ever had any of the licenses and/or certificates suspended or revoked (see Question #2)?
(If so, please provide documentation) YES NO
10. Have you ever been enrolled in another nursing program? YES NO
11. Have you attended a Health Occupations Discovery Camp event here at MSJC?
 YES NO If 'yes,' what year? _____
12. Please attach your Certificate of Attendance for the Nursing Information Workshop!!
13. Approximate Expenses: I agree to the cost of tuition, ASB, parking permit as stated in the current MSJC catalog, Nursing uniforms (\$300), textbooks and supplies (\$2000), CPR course (\$60-\$65), Physical examination (\$300) My CB (CastleBranch) Background and Immunization Clearance (\$121.75), Licensing Board Application (\$400), Kaplan testing materials (\$660), the Student Supply Kits (\$200.00), Professional Liability Insurance (\$35 a year) and Health Insurance (cost varies), Fingerprinting for Mental Health Course (\$60-\$70), and any other miscellaneous costs associated with the program.
- I understand the approximate expenses for participation in the Associate Degree Nursing Program and I am aware that expenses are subject to changes.
 - Change in name/address/phone number must be submitted to the Nursing Office in writing after that information has been updated with Enrollment Services and in your Self Service account. Your admission will be compromised if you are unable to be reached.
 - All Students must have one of the following: Proof of High School Diploma, G.E.D. or equivalent, or a Degree from an accredited College or University. If not verified on Eligibility letter, you must submit documents with application.
 - All Students must have a Social Security Number that qualifies for employment in the United States.
 - I hereby give permission for Enrollment Services to share information (including transcripts, grades, and evaluation results) with MSJC's Department of Nursing and Allied Health.

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- To the best of my knowledge, the above information is true and accurate. Failure to disclose accurate information will result in your application being removed from consideration and/or dismissal from program upon acceptance.
- I hereby affirm that I have completed the COVID Vaccine Series and received the Booster Vaccine.

Please Note: Those accepted into the Nursing Program will be required to complete a background check and urine drug screen per clinical facilities requirements.

Please sign below indicating you have read and agree to all the above statements.

Student Signature: _____

Date: _____

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Nursing and Allied Health Department
Demographics Questionnaire

to be Submitted to the Chancellor's Office annually and for other annual surveys/reports (Confidential)

If this is not filled out in its entirety, your application will be filed as INCOMPLETE

Student First Name: _____ Last Name: _____

Student ID (If current MSJC Student): _____ Semester you will begin program: _____

Which Program Track are you applying for:

- LVN-RN/ADN
- ADN

Language (s) proficient in other than English as stated above: _____

1. Gender:

- M
- F
- Other

2. Race/Ethnicity:

- American Indian
- Alaska Native
- Asian
 - Chinese
 - Japanese
 - Korean
 - Malaysians
 - Thai
 - Filipino
 - South Asian (Indian or Pakistani)
 - Other
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White/Caucasian
- Mixed
- Other _____

3. Age Group

- Less than 18
- 18-20
- 21-30
- 31-40
- 41-50

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- 51-60
- 61-70
- 71 and older

Age when applying to the ADN Program: _____

4. Are you registered with Accommodation Services?

- Yes
- No

5. Did you remediate for the TEAS exam?

- Yes
- No

a. If you answered Yes to the question above, when did you complete the remediation (approximate date)?

b. How many times did you take the TEAS? _____

6. Are you currently affiliated with the Military or National Guard or other related affiliations?

- Yes
- No

a. If yes, what Branch? _____

b. Active or Veteran or Reservist or Spouse or Dependent: _____

7. Have you been enrolled in MSJC Nursing Program in the past?

- Yes
- No

8. One-way travel distance from residence to campus:

- 0-10 miles
- 11-20 miles
- 21-30 miles
- 31-40 miles
- 41 or more miles

9. Average weekly hours of employment:

- Currently not working
- Less than 8 hours
- 8 hours, but less than 16
- 16 hours, but less than 24
- 24 hours, but less than 32
- 32 hours, but less than 40
- 40 hours or more

10. Have you had previous experience in health care?

- Yes
- No

11. Years working health care:

- None
- Less than 1 year

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- 1 year, but less than 3 years
 - 3 years, but less than 6 years
 - 6 years, but less than 9 years
 - 9 years or more
12. Health occupations experience:
- None
 - Licensed Vocational Nurse
 - Certified Nurse Assistant
 - Military education/coursework
 - Other _____
13. Highest educational level completed:
- High school/GED
 - Bachelor's degree
 - Associate degree
 - Master's degree or above
14. Did you move from out of state to attend this program?
- Yes
 - No
15. Program prerequisite courses taken at this college:
- Anatomy & Physiology (ANAT 101 & 102)
 - Freshmen Composition (ENGL 101)
 - Introduction to Statistics Math-140 or any College Level Math 100 or above
 - Microbiology (BIOL 125)
 - None
16. Do you receive a scholarship or financial aid? Mark all that apply.
- Pell Grant
 - Employer assistance
 - CA Promise Grant
 - None
 - GAIN
 - Local organization scholarship
 - Other _____
17. Are you eligible to receive financial aid through any of the following: California College Promise Grant, Pell Grant, GAIN, JOBS, JTPA, SST, General Assistance, AFOC, any other form of economic public assistance, and/or annual income level below \$7,500 for single person, \$15,000 per couple with \$1,000 additional for dependent child?
- Yes
 - No