



NURSING PROGRAM APPLICATION
ALLIED HEALTH SCIENCES DEPARTMENT

SELECT THE PROGRAM(S) APPLYING TO: \$20 application fee per program; by check or cash only with paper application

- Associate of Science in Nursing (RN)
Program in Practical Nursing (LPN)
1st Choice
2nd Choice

Advanced Placement (LPN to RN)
LPN license #
I received my LPN from school in
I am a current PN student at MAC
I am a previous PN graduate from MAC nursing program
ADN Sophomore Reapplication* must be previous MAC ADN Sophomore

Credentials:

MAC Student ID
Date of Birth
Social Security Number

Name:

Last First Middle Maiden

Address:

Street City State Zip County

Contact Info:

Cell Phone MAC Email Address
U.S. Citizen
Authorized Alien Status

Schools:

Are you a current High School student? Yes No
Name of Other Colleges City, State Completed Degree Name Last Year Attended

Nursing:

Have you ever been a student in any nursing program? Yes No
Required for Advanced Placement application

LPN

Name of School City, State Dates Attended Degree
If ever disciplined by State Board of Nursing or license revoked, explain NCLEX Pass Date LPN License Number

Other

Name of School City, State Dates Attended Passing Failing
Explain reason for not completing

Convictions:

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violations), whether or not sentence was imposed, in this state or any other state?

Yes No Date: ____/____/____ If yes, please explain: _____

Have you ever been arrested or convicted of a sexual offense in this state or any other state?

Yes No Date: ____/____/____ If yes, please explain: _____

Test Scores:

List your highest Accuplacer Next Generation scores for each test area:

Writing	
Math: <input type="checkbox"/> QAS <input type="checkbox"/> AAF	
Reading	

Meets minimum requirement Must test again

Meets minimum requirement Must test again

Meets minimum requirement Must test again

Prerequisites:

List your prerequisite courses, equivalent or higher, with highest grade:

Course	Grade	School	Term
English			
Math			
Chemistry			

Grade Point Average:

Calculate your selection GPA and write it here:

Meets program requirement

Acknowledgements:

By signing below, I acknowledge that I have read, understand and been offered a copy of the Notice of Entrance Requirements. I confirm that these requirements include academic testing, prerequisites and GPA criteria. I understand that I am responsible for requesting official transcripts from other educational institutions. I am aware the deadline for completion and submission of these criteria is **December 15, 2021**.

Furthermore, I acknowledge that I have read, understand and been offered a copy of the Notice of Essential Functions necessary for the nursing program. By signing here, I confirm that I can perform, with or without reasonable accommodation, the essential functions necessary in the role of a student nurse.

Additionally, I have been offered the Notice of General Policies which includes information regarding Equal Opportunity at Mineral Area College and the American Disabilities Act. I have also been provided with information on accessing the Missouri Nursing Practice Act.

Signature:

Student Signature

Date

FOR OFFICE USE ONLY

Date: ____/____/____ Staff Initials: _____ Amount Paid: \$ _____ Cash Check # _____