Revised: 04/28/2026 AS/JH

MINERAL AREA COLLEGE

ALLIED HEALTH SCIENCES DEPARTMENT

NURSING PROGRAM APPLICATION **2027-2028**

Application Deadline: March 8th, 2027 by 3pm

Completed applications can be turned in to the office #1314-Allied Health Executive Office, or by email to: Jessica Harper: jharper@mineralarea.edu

Nursing Programs: Select from the following:

IF YOU WANT TO APPLY FOR ONE PROGRAM, SELECT FROM THE FOLLOWING *(PARK HILLS CAMPUS ONLY):*

☐ Associate of Science in Nursing (RN) **OR** ☐ Program in Practical Nursing-Option A
☐ Program in Practical Nursing-Option B (plan to bridge to AP)

IF YOU WANT TO APPLY FOR BOTH PROGRAMS, MARK YOUR FIRST CHOICE *(PARK HILLS CAMPUS ONLY):*

☐ 1st Choice: **Associate of Science in Nursing (RN)**

☐ 1st Choice: **Program in Practical Nursing (LPN)**

ONLY MARK IF YOU ARE ONE OF THE FOLLOWING: A CURRENT LPN STUDENT, HAVE SUCCESSFULLY COMPLETED AN LPN PROGRAM, ARE A CURRENT LICENSED LPN, OR A PREVIOUS MAC ADN SOPHOMORE. IF YOU WANT TO APPLY FOR ADVANCED PLACEMENT (AP) (LPN TO RN BRIDGE), SELECT YOUR CHOICE AND LOCATION:

☐ **Current MAC Practical Nursing student applying to AP:** Graduation year (2027)
☐ **Current Practical Nursing student applying to AP:** Graduation year (2027) **PN School:**
☐ **ADN Sophomore Reapplication*** **must be a previous MAC ADN Sophomore reapplying to the program (Main campus only)*
☐ **Current LPN applying for LPN to RN Bridge:**

LPN License Number NCLEX Pass Date

ADVANCED PLACEMENT LOCATIONS: MARK YOUR 1ST & 2ND CHOICE:
☐ **MAC Main Campus**
☐ **Mercy Hospital Perry (Perryville)**
☐ **Saint Francis Medical Center (Cape Girardeau)**

- By signing below, I acknowledge that I have read and understand 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 all official transcripts from other educational institutions to be sent to the Admissions Department. I am aware that the deadline for completion and submission of these criteria is the same as the application.
- Furthermore, I acknowledge that I have read and understand 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 read and understand 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 (Notice of General Policies-paragraph 1).

Student ID Number **Student Signature** **Date**

MAC Student ID:	First name:	Middle Name:
Last Name:	Maiden:	
Date of Birth:	Social Security Number:	
Street Address:	City:	State:
Zip:	County of Residence:	
MAC email address:		

Are you a current High School student?
Yes ☐ No ☐ **Must graduate from high school by June 2027*

Have you ever been a student in any nursing program? If yes, complete the information below.

Yes ☐ No ☐ **Required for Advanced Placement* application

Name of school: City/State

Dates attended: Certificate or Degree:

If ever disciplined by the State Board of Nursing or license revoked, explain:

TEAS Exam: Score verification is **REQUIRED**. In a single attempt, you must complete Reading, Mathematics, Science, and English and earn a **minimum composite score of 58.7%** to be considered for admission. Scores need to be obtained within 2 years of MAC's commencement date of the application year.	**Overall Composite Score** _____%	**Date of TEAS test** _____

Prerequisite Courses / Number (Grade C or above. If currently enrolled, put WIP (work in progress)	Grade	Credit Hrs.	School
English Comp. I (ENG1330)			
Math (Quantitative Reasoning or higher) (MAT1240)			
*Human Anatomy			
*Human Physiology			
Fundamentals of Nursing (AP only)			

***Refer to MAC's college catalog for information on credit transfer from other colleges.**
I acknowledge that I have read and understand the Notice of Entrance Requirements.

Student ID Number **Student Signature** **Date**