



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:		Phone number:
Are you a current High School student? Yes ☐ No ☐ <i>*Must graduate from high school by June 2027</i>		
Have you ever been a student in any nursing program? If yes, complete the information below. Yes ☐ No ☐ <i>*Required for Advanced Placement application</i>		
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.	<u>Overall Composite Score</u> ----- %	<u>Date of TEAS test</u> -----
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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