

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



Application Filing Period: February 1st – 15th for fall 2023 admission

Applications will only be accepted electronically through the [ADN Dropbox](#) on the MSJC Student Support 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. If you do not submit your complete application with an email address or leave it blank you will not receive correspondence.

Date: _____

Last Name (Please Print)

First Name

Middle Name (Initial)

MSJC Student ID #

Previous name (Please Print)

MSJC Student Email

Personal email

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 by viewing the My Progress tab and clicking on Evaluation and Graduation Results under the heading of Program Notes.
 - 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 Eligibility Program Notes states to submit your high school diploma, GED or equivalent, attach a copy or high school transcript showing Diploma Date, 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 please submit a copy of 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. Are you proficient in a language other than English? Yes_____ No_____

 - b. If yes, please circle the language in which you are proficient or add to Other if not listed:
American Sign Language, Arabic, Chinese (including various dialects), Farsi, Russian, Spanish, Tagalog, Languages of Indian Subcontinent & Southeast Asia, Other_____

 - c. 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*).
 - Seal of Biliteracy (attach copy with application)

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 the required 150-word statement when applicable.
 - a. Veteran or Active military status YES NO
 - b. Disabilities YES NO
 - c. Low Family Income YES NO
 - d. First generation of family to attend college YES NO

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- | | | |
|-----------------------------------------------------------------|------------------------------|-----------------------------|
| 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).

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) Please submit the following:

- Submit either the Work or Volunteer Experience form, or letter on company letterhead attached to the Work or Volunteer Experience form
 1. Signed by your supervisor, manager, or Human Resources representative
 2. With their contact information that states the number of hours worked and your dates of employment.
- If using Work Experience for Criteria 4E from the Multi-Criteria Point System remember to check the box at the top of the form and attach a copy of your unofficial transcripts and highlight prerequisites taken during the time you were working.

7. Please submit an unofficial ATI TEAS transcript of your highest score from no more than two attempts of either TEAS Version 6 and/or 7. If you are accepted into the program, we will request an official copy at that time. (NOTE: If you attempted TEAS 6 twice, you may attempt TEAS 7 for no more than two attempts as well, to obtain the highest score of all attempts).

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 attended a Health Occupations Discovery Camp event here at MSJC?
 YES NO If 'yes,' what year? _____

11. Please attach your **Certificate of Attendance** for attending the Nursing Information Workshop or reviewing the PowerPoint Presentation found on the [Program Workshops](#) tab on the Associate Degree Nursing page.

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12. 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 as stated on your Program Notes.
- 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.
- 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

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

If yes, please specify _____

1. Gender:

- M
- F
- Other

2. Race/Ethnicity:

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

3. Age when applying to the ADN Program: _____
- 17-20
 - 21-25
 - 26-30
 - 31-40
 - 41-50
 - 51-60
 - 61+
4. Are you registered with Accommodation Services?
- Yes
 - No
5. Did you remediate for the TEAS exam?
- Yes
 - No
- a. If 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/Guardsman 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:
- | | |
|-----------------------------------|----------------------------------------|
| <input type="radio"/> 0-10 miles | <input type="radio"/> 31-40 miles |
| <input type="radio"/> 11-20 miles | <input type="radio"/> 41 or more miles |
| <input type="radio"/> 21-30 miles | |
9. Average weekly hours of employment:

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- Currently not working
- Less than 8 hours
- 8 - 15 hours
- 16 – 23 hours
- 24 – 31 hours
- 32 – 39 hours
- 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
- 1 - 2 years
- 3 – 5 years
- 6 - 8 years
- 9 years or more

12. Health occupations experience:

- None
- Licensed Vocational Nurse
- Certified Nurse Assistant
- Health Related Military Occupation Experience
- Other _____

13. Highest educational level completed:

- High School or equivalent
- 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:

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- 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