

Mt. San Jacinto College Associate Degree in Nursing			
Application Filing Period: February 1 st – 15 th for FALL 2025 Admission			
Check the box for which Program you are applying for: Generic ADN Program Adv. Placement (i.e. LVN-RN) Both			
NEW! Applications will be accepted via: a) Scanned and emailed to the NursingandAh@msjc.edu email address. Please Note: Documents must be in PDF or JPEG format Must include subject line: FA2025 ADN Application b) Downloaded, printed, and delivered in a sealed envelope to the Nursing and Allied Health			
,	ess hours. Monday-Thursday 8:00A - 5:00P. nt confirming the receipt		
Correspondence with students regarding application status will be communicated via personal email or your active 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 listed on your application, you will not receive correspondence.			
Date	MSJC Student ID #		
Last Name First Name	Middle Name		
Previous Name			
MSJC Student Email Address	Personal Email Address		
Mailing Address			
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 document submitted with the application can be requested anytime.			



1. Nursing Evaluation Eligibility Program Notes: All required documents stated on your Program Notes.				
 The Program Notes can be found in your MSJC Self-Service account under Student Planning by 				у
viewing the My Progress tab and clicking on Evaluation and Graduation Results under the heading of				ading of
Program Notes.	Program Notes.			
 If you did not submit a Nursing Evaluation Request by the req 	uired deadli	ne you are u	าable t	o apply
to the program at this time.				
 If your Evaluation Eligibility Program Notes state to submit you 	ur high scho	ol diploma, G	ED or	
equivalent, attach a copy or high school transcript showing Di	ploma Date	with your ap	plication	on.
 Make sure the program evaluated matches the program you a 	are applying	to, i.e. "Nurs	ing No	n-
transfer RN (ADN)" or "Nursing LVN Path Non-transfer AS (LVI	N to RN)." O	r both if you	applie	d to both
2. Proficiency or Advanced Level Coursework in Languages other the	han English	:		
a. Are you proficient in a language other than English? Yes No)			
b. Please list the language other than English in which you are profic	ient			
c. Check the appropriate circle that supports your proficiency in the	above langu	ıage:		
O Two (2) semesters of the same foreign language from a U.S. re	egionally acc	redited Colle	ege or	
University (must be verified on Transcript Evaluation)				
O Identified language above is spoken at home (Verification mus	st be provide	ed upon requ	est).	
O Seal of Biliteracy (attach copy with application)		_		
3. Previous Academic Degrees, Diplomas, Relevant, and Current Lic	censes, or (Certificates:		
 Provide a copy of any current licenses and/or certificates that 	you may ha	ve. If you h a	ive an	LVN
license, please submit a copy of your license from the Breeze	e website.			
4. Life Experiences or Special Circumstances: Select and provide pr	oof for one	area only.	Attac	h the
corresponding required proof as stated on the Multi-Criteria Po	oint Systen	ո.		
a. Veteran or Active military status	0	Yes	0	No
b. Disabilities	0	Yes	0	No
c. Low Family Income	0	Yes	0	No
d. First generation of family to attend college	0	Yes	0	No
e. Need to work during pre-requisites	0	Yes	0	No
f. Disadvantage, social or educational environment	0	Yes	0	No
g. Difficult personal and/or family situations or circumstances	0	Yes	0	No
h. Refugee		Yes	0	
5. Military: Active, Reserve, Veteran, Guard in good standing. Prov	vide DD214	or equivale	ent off	icial
document based on your area of service.				
6. Work or Volunteer Experience in Health Care: Minimum 100 hou	urs within t	he last 3 ye	ars.	
Submit either the Work or Volunteer Experience form				
a. Signed by your supervisor, manager, or Human Resources representative				

b. With their contact information stating the number of hours worked and dates of employment.

If submitting a letter on company letterhead, attach it to the Work or Volunteer Experience form

Generic / Advanced Placement Application



- If using for Life Experience or Special Circumstances 6e on Multi-Criteria Point System, check the box at the top of the form. Attach a copy of your unofficial transcripts with prerequisites taken during the time you were working highlighted.
- 7. Test of Essential Academic Skills (TEAS): **Submit unofficial ATI TEAS with your highest score** from no more than two attempts of either TEAS Version 7.
 - If accepted into the program, we will request an official copy at that time.
- 8. Approximate Expenses: I have read and understand these expenses are approximate for participation in the Associate Degree Nursing Program and I am aware that expenses are subject to change.

Approximate Costs			
Tuition Generic (fees based on current catalog)	\$1,932	Castle Branch	\$200-\$250
Tuition LVN (fees based on current catalog)	\$966	NCLEX Exam	\$300-\$400
Student Fees (based on current catalog)	\$172	Kaplan	\$600-\$750
Parking (fees based on current catalog)	\$160	Student Kit s	\$300
Uniforms (as designated by the Nursing Department)	\$300	Professional Liability Insurance	\$35/year
Textbooks/Supplies for the entire program	\$2,000	Physical Exam/Lab Tests (varies with medical insurance)	\$300-\$500
American Heart Association BLS Card			
(CPR Certificate)	\$65	Fingerprinting for Mental Health	\$66
Health Insurance	*Varies		





9. I certify the following:

- Change in name/address/phone number will be submitted to the Nursing Office in writing via email after that information has been updated with Enrollment Services and in your Self-Service account. My admission will be compromised if I am unable to be reached.
- I 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 Associate Degree Nursing Program will be required to complete a background
check and urine drug screen per clinical facility's requirements.

check and urine drug screen per clinical facility's requirements.
Please sign below indicating you have read and agree to all the above statements.
Signature Date



Nursing and Allied Health Department Demographics Questionnaire

To be submitted to the Chancellor's Office annually and for additional annual surveys/reports (Confidential).

Please Note: If this is not filled out in its entirety your application will be considered incomplete.

Name_	Student ID Number
1.	ender
	O Male
	O Female
	O Non-Binary
	O Other
2.	ace/Ethnicity
	O American Indian
	O Alaska Native
	O Asian
	O Black or African American
	O Hispanic or Latino
	O Native Hawaiian or Pacific Islander
	O White or Caucasian
	O Mixed
	O Other
3.	ge at application
4.	re you registered with Accommodation Service Center? Yes No
5.	ow many times did you take the TEAS exam?
6.	id you remediate for the TEAS? Yes No If yes, what date?
7.	re you currently affiliated with the military? Yes No If yes, what branch? What
	our affiliation? Active Veteran Reservist Guardsman Spouse Dependent
8.	ave you been enrolled with the MSJC Associate Degree Nursing Program before? Yes No
9.	ave you ever violated the Student Code of Conduct at any College and/or University? Yes No

Generic / Advanced Placement Application



10.		ou ever had any health care license and/or certificate suspended or revoked? Yes No If yes, provide documentation.
11.	-	ou attended a Health Occupations Discovery Camp at MSJC? Yes No If yes, what year did you? ?
12.	One-w	ay travel distance to campus
	0	0-10 miles
	0	11-20 miles
	0	21-30 miles
	0	31-40 miles
	0	41 or more miles
13.	Averag	e weekly hours of employment
	0	Currently not working
	0	Less than 8 hours
	0	8-15 hours
	0	16-23 hours
	0	24-31 hours
	0	32-39 hours
	0	40 hours or more
14.	Have y	ou had previous experience working in health care? If yes, how many years?
	0	Less than 1 year
	0	1-2 years
	0	3-5 years
	0	6-8 years
	0	9 years or more
15.	Health	care work experience
	0	None
	0	Licensed Vocational Nurse LVN
	0	Certified Nursing Assistant CNA
	0	Emergency Medical Technician EMT
	0	Medical Assistant MA
	0	Health related military experience
	0	Other
16.	Did you	u move from out of state to attend this program? Yes No





17.	7. Highest educational level completed		
	0	High school or equivalent	
	0	Associate's Degree	
	0	Bachelor's Degree	
	0	Master's Degree or above	
18.	Which	orogram prerequisites did you complete at MSJC (ONLY select ONE)	
	0	Anatomy & Physiology 1 Anat-101	
	0	Anatomy & Physiology 2 Anat-102	
	0	Freshman Composition Engl-101	
	0	Introduction to Statistics Math-140 or any college level Math-100 or above	
	0	Microbiology Biol-125	
	0	None	
19.	Are you	eligible to receive financial aid through any of the following? Yes No	
19.	•	eligible to receive financial aid through any of the following? Yes No California College Promise Grant and/or Program	
19.	0	• • • • • • • • • • • • • • • • • • • •	
19.	0	California College Promise Grant and/or Program	
19.	0 0	California College Promise Grant and/or Program Pell Grant	
19.	0 0 0	California College Promise Grant and/or Program Pell Grant GAIN	
19.	0 0 0 0	California College Promise Grant and/or Program Pell Grant GAIN JOBS	
19.	0 0 0 0 0	California College Promise Grant and/or Program Pell Grant GAIN JOBS JTPA	
19.	0 0 0 0 0 0	California College Promise Grant and/or Program Pell Grant GAIN JOBS JTPA SST	
19.	0000000	California College Promise Grant and/or Program Pell Grant GAIN JOBS JTPA SST General Assistance	
19.	00000000	California College Promise Grant and/or Program Pell Grant GAIN JOBS JTPA SST General Assistance AFOC	
19.	0000000000	California College Promise Grant and/or Program Pell Grant GAIN JOBS JTPA SST General Assistance AFOC Single with income below \$7,500	
19.	00000000000	California College Promise Grant and/or Program Pell Grant GAIN JOBS JTPA SST General Assistance AFOC Single with income below \$7,500 Couple with income below \$15,000	



MULTI-CRITERIA POINT SYSTEM

Applicants with the highest ranking based on criteria 1-9 will receive provisional acceptance. Admission will be offered to the highest-ranking applicants whose documentation supports the information provided in the application.

CRITERIA		MAXIUM POINTS	POINT DISTRIBUTION
1	Academic degrees or relevant certificates held by the applicant	5 points	AA/AS or higher degree from an accredited institution as verified on your Program Notes through your Nursing Transcript Evaluation5 points Licensed in allied health profession4 points Certificate in allied health profession2 points All licenses and certificates must be current
2	Prerequisites completed at MSJC	1 point	ALL prerequisites completed at MSJC as verified by Transcript Evaluation Request
3	Grade Point Average (GPA) in relevant coursework	45 points	Minimum 2.5 GPA in Anatomy & Physiology, Microbiology, English Composition, and Math 140-Intro to Statistics or any college level Math listed 100 or above. ** LVN-RN applicants this also includes Psychology. GPA = 3.8-4.045 points GPA=3.6-3.7940 points GPA=3.4-3.5935 points GPA=3.2-3.3930 points GPA=3.0-3.1925 points GPA=2.8-2.9920 points GPA=2.6-2.7915 points GPA=2.5-2.5910 points
4	Program General Education Courses	5 points	Completion of ALL General Education courses: Political Science, Communication, Diversity, Humanities and Psychology for LVN) with a grade "C" or better (Psychology is an admission requirement for the LVN-RN program)
5	Life Experience or Special Circumstances a. Veteran or active status b. Disabilities c. Low Family Income d. First generation to attend college e. Need to work f. Disadvantages, social or educational environment g. Difficult personal and family situations or circumstances h. Refugee	2 points maximum for any one criterion	Criteria/Application Requirement a. Copy of DD214 form or equivalent documentation b. Copy of ASC evaluation or letter from a physician documenting disability c. Documentation of eligibility of financial Aid, CalWORKs, Promise Grant, federal Pell Grant or EOPS d. Written statement from applicant e. Documentation from employer on company letterhead verifying dates of employment f. Written statement from applicant g. Written statement from applicant h. Copy of card indicating refugee status
6	Military	5 points	Active, Reserve, Veteran and Guard



Generic / Advanced Placement Application