

## Associate Degree in Nursing Application

**Application Filing Period:  
September 1-15, 2024, for Spring 2025 Admission**

**I am applying to (please check one):**

ADN Application

LVN to RN Application

Applicants are responsible for reviewing and/or verifying application information before submitting it. It is highly recommended that applicants attend an Application Workshop before starting the Nursing Application. Visit the MSJC Nursing website for Application Workshop dates and times.

LVN Applicants: All the above, plus additional required items to be uploaded, such as:

- A copy of the LVN license. (Must be current and in good standing.)
- Detailed resumé. This includes all responsibilities as an LVN.
- Employment verification letter (should be printed on your company's official letterhead or stationery that includes the company logo). The letter should include the following information:
  - Employee Name, Job Title, and Job Description
  - Dates of Employment
  - Total amount of hours worked
  - Date letter was composed
  - Wet/Handwritten Signature
  - Employer/supervisor's contact information. (Full name, job title, email address, business address, and phone number.)

**Note:** This is not a Letter of Recommendation.

### **Application Submission:**

- **Submission:** Applications must be submitted electronically through the ADN Dropbox on the MSJC Student Support Hub under Nursing and Allied Health at [msjc.edu/hub](https://msjc.edu/hub).
- **File Formats:** Only PDF or JPEG formats are accepted. Word documents will not be processed.
- **Confirmation:** You will receive an email confirmation upon submitting your application.



- **Note:** If your application does not include a valid email address, you will not receive any correspondence regarding your application.

**Associate Degree in Nursing Application**

Date: \_\_\_\_\_

Full Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ App/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MSJC E-mail: (if you have one) \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Phone # \_\_\_\_\_

**Application Instructions:**

**Nursing Evaluation Eligibility Program Notes**

- Ensure **your Program Notes are up to date.** You can access them through your MSJC Self-Service under **Student Planning > My Progress > Evaluation and Graduation Results.**
- Nursing Evaluation Request Deadline:** If you missed the deadline for submitting a Nursing Evaluation Request, you are not eligible to apply at this time
- Document Submission:** If required by your Program Notes, attach a copy of your high school diploma, GED, or transcript showing the Diploma Date.
- Program Match:** Ensure the program listed in your evaluation matches the one you're applying to. (Either Nursing Non-transfer RN (ADN) or Nursing Advanced Placement AS (LVN to RN) program.

### **Proficiency or Advanced Level Coursework in Languages other than English**

- Indicate your proficiency in a language other than English and provide supporting documentation (e.g., transcript, Seal of Bilingualism).
- Are you proficient in a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Previous Academic Degrees, Diplomas, Relevant Licenses, or Certificates**

- Provide copies of any relevant healthcare-related licenses or certificates.

### **Life Experiences or Special Circumstances**

- Select one area and attach the required proof outlined in the Multi-Criteria Point System.  
<https://www.msjc.edu/nursingandalliedhealth/adn/documents/ADN-Multi-Criteria.pdf>

### **Military Experience**

- Provide documentation such as DD214 or an equivalent official document based on your branch of service.

### **Work or Volunteer Experience in Health Care**

- Submit documentation verifying at least 100 hours of experience within the last three years, signed by your supervisor or HR representative.

### **Test of Essential Academic Skills (TEAS)**

- Submit an unofficial copy your highest score from **TEAS Version 7 only**
- If accepted into the program, we will request an official copy at that time.

### **Nursing Information Workshop**

- Attend the workshop or review the PowerPoint on the Associate degree Nursing page.

**Approximate Expenses**

Acknowledge that these are approximate expenses for the program and are subject to change.

**Approximate Costs:**

1. Tuition:
  - a. Generic: \$1,932
  - b. LVN: \$966
2. Student Fees: \$172
3. Parking: \$160
4. Uniforms: \$240
5. Textbooks: \$500
6. CPR Certification: \$65
7. Physical Exam: \$165
8. castle Branch: \$122
9. NCLEX Exam: \$375
10. Resources/ Kaplan: \$660
11. Student Kits: \$300
12. Professional Liability Insurance: \$104
13. Health Insurance: *Varies*
14. Fingerprinting for Mental Health: \$66

**Applicant Certification:**

By signing below, you certify that all information provided is true and accurate, that you will update the Nursing Office regarding any changes in contact information, and that you will complete the COVID-19 vaccine series and booster before starting the program. Failure to comply may result in disqualification.

In addition, confirm that you have a valid Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) that qualifies you for employment in the United States; and authorize MSJC Enrollment Services to share your academic records, including transcripts and evaluation results with the Nursing Department for enrollment and application purposes to the program.

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**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 – Required for Application Completion)**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

1. Gender

- Male
- Female
- Other gender
- Unknown gender

2. Race/Ethnicity

- Black/African-American
- American Indian or Alaska Native
- South Asian (e.g., Indian, Pakistani, etc.)
- Filipino
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- White/Caucasian
- Hispanic/Latino
- Mixed race
- Other race
- Unknown race or ethnicity

3. Age at application

- 17-20 years
- 21-25 years
- 26-30 years
- 31-40 years
- 41-50 years
- 51-60 years
- 61 years and older
- Unknown age

4. Are you registered with the Accommodation Service Center? Yes \_\_\_\_\_ No \_\_\_\_\_

Have been approved to receive each of the accommodations listed below:

- \_\_\_\_\_ Academic counseling/advising
- \_\_\_\_\_ Disability-related counseling/referral
- \_\_\_\_\_ Adaptive equipment/physical space/facilities
- \_\_\_\_\_ Interpreter and captioning services



- \_\_\_\_\_ Exam accommodations (modified/extended time/distraction reduced space)
  - \_\_\_\_\_ Assistive technology/alternative format
  - \_\_\_\_\_ Note-taking services/reader/audio recording/smartpen
  - \_\_\_\_\_ Priority registration
  - \_\_\_\_\_ Reduced course load
  - \_\_\_\_\_ Transportation/mobility assistance and services/parking
  - \_\_\_\_\_ Service animals
  - \_\_\_\_\_ Other: \_\_\_\_\_
5. How many times did you take the TEAS exam? \_\_\_\_\_
6. Did you remediate the TEAS? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what date? \_\_\_\_\_
7. Are you currently affiliated with the military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch?  
\_\_\_\_\_ What is your affiliation? Active \_\_\_\_\_ Veteran \_\_\_\_\_ Reservist \_\_\_\_\_  
Guardsmen \_\_\_\_\_ Spouse \_\_\_\_\_ Dependent \_\_\_\_\_
8. Have you been enrolled in the MSJC Associate Degree Nursing Program before? Yes \_\_\_\_\_  
No \_\_\_\_\_
9. Have you ever violated the Student Code of Conduct at any College and/or University? Yes \_\_\_\_\_  
No \_\_\_\_\_
10. Have you ever had any health care license and/or certificate suspended or revoked? Yes \_\_\_\_\_  
No \_\_\_\_\_ If yes, please provide documentation.
11. Have you attended a Health Occupations Discovery Camp at MSJC? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
what year did you attend? \_\_\_\_\_
12. One-way travel distance to campus
- 0-10 miles
  - 11-20 miles
  - 21-30 miles
  - 31-40 miles
  - 41 or more miles
13. Average weekly hours of employment
- Currently not working
  - Less than 8 hours
  - 8-15 hours
  - 16-23 hours

- 24-31 hours
- 32-39 hours
- 40 hours or more

14. Have you had previous experience working in health care? \_\_\_\_\_ If yes, how many years?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-8 years
- 9 years or more

15. Health care work experience

- None
- Licensed Vocational Nurse LVN
- Certified Nursing Assistant CNA
- Emergency Medical Technician EMT
- Medical Assistant MA
- Health related military experience
- Other \_\_\_\_\_

16. Did you move from out of state to attend this program? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Highest educational level completed

- High school or equivalent
- Associate's Degree
- Bachelor's Degree
- Master's Degree or above

18. Which program prerequisites did you complete at MSJC

- Anatomy & Physiology 1 Anat-101
- Anatomy & Physiology 2 Anat-102
- Freshman Composition Engl-101
- Introduction to Statistics Math-140 or any college level Math-100 or above
- Microbiology Biol-125
- None

19. Are you eligible for financial aid through any of the following? Yes \_\_\_\_\_ No \_\_\_\_\_

- 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
- \$1,000 for dependent children
- Other \_\_\_\_\_