



NURSING PROGRAM APPLICATION
ALLIED HEALTH SCIENCES DEPARTMENT

BELOW SELECT THE PROGRAM(S) APPLYING TO:

- Associate of Science in Nursing (RN)
Program in Practical Nursing (LPN)

Advanced Placement (LPN to RN) See below

- Current MAC Practical Nursing student applying for the Advanced Placement Program (LPN to RN)
ADN Sophomore Reapplication*
Advanced Placement (LPN to RN)
I received my LPN from school in
I am a previous PN graduate from MAC nursing program in

Credentials:

MAC Student ID / Date of Birth / Social Security Number

Name:

Last / First / Middle / Maiden

Address:

Street Address / City / State / Zip / County of Residence / Country

Contact Info:

Cell Phone / .stu@mineralarea.edu / U.S. Citizen / Authorized Alien Status

Schools:

Are you a current High School student?
Name of Other Colleges / City, State / MO / Completed Degree Name / Last Year Attended

Nursing:

Have you ever been a student in any nursing program? Yes No

LPN

Name of School / City, State / Dates Attended / Degree
If ever disciplined by State Board of Nursing or license revoked, explain / NCLEX Pass Date / LPN License Number

Other

Name of School / City / State / Dates Attended / Passing / Failing
Explain reason for not completing

Convictions:

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violations), whether or not sentence was imposed, in this state or any other state?

Yes No Date: ____/____/____ If yes, please explain: _____

Have you ever been arrested or convicted of a sexual offense in this state or any other state?

Yes No Date: ____/____/____ If yes, please explain: _____

Test Scores:

List your highest Accuplacer Next Generation scores for each test area:

Math: <input type="checkbox"/> QAS <input type="checkbox"/> AAF	
Reading	
Writing	

Meets minimum requirement Must test again

Meets minimum requirement Must test again

Meets minimum requirement Must test again

Prerequisites:

Prerequisites: List your prerequisite courses, equivalent or higher, with highest grade if course completed:

Course / Number	Grade	School	Term
English-			
Math-			
Human Anatomy-			
Human Physiology-			

Grade Point Average:

Calculate your selection GPA and write it here:

Meets program requirement

Acknowledgements:

By signing below, I acknowledge that I have read, understand and been offered a copy of 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 official transcripts from other educational institutions. I am aware the deadline for completion and submission of these criteria is the same as the application.

Furthermore, I acknowledge that I have read, understand and been offered a copy of 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 been offered 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.

Signature:

Student Signature

Date

FOR OFFICE USE ONLY

Date: ____/____/____ Staff Initials: _____