VERIFICATION OF COMPLETED REGISTERED NURSING REQUIREMENTS

Note: Deadlines for submitting application materials to the Admissions office are the first Monday in June and the first Monday in October. Students accepted from the June applicants will start nursing courses the following winter semester. Students accepted from the October applicants will start nursing courses the following fall semester. Both application cycles allow students one semester to concentrate on non-nursing, required courses prior to starting the nursing sequence.

The criteria listed on this form must be completed on or before the date of submission for your application to be considered. Coursework in progress is not considered to be complete. Students are strongly encouraged to review the "*Registered Nurse Program Class Selection Criteria*" and "*General Information*" prior to pursuing admission into the registered nursing program.

Name: _____

Student ID # :_____   **Phone:** _____

1. Completed an MCCC application for admission _____

2. High school transcript or GED scores and all official college transcripts must be on file at the Office of Admissions **by the date this form is submitted**. *You must first meet with an MCCC Counselor in order to have your college transcripts evaluated by the Registrar's Office.*

3. Completion of MATH 092 or MATH 150 or qualifying score accepted placement test or waived by transfer coursework.
Institution: _____ Date Completed: _____

4. Completion of ENGL 090 and RDG 090, qualifying scores on accepted placement test, or waived by transfer coursework.
Institution: _____ Date Completed: _____

5. Minimum Overall Score of 60 on the ATI TEAS nursing entrance exam.
Overall Score: _____ Date Completed: _____

6. Cumulative grade point average of 2.7 or higher from the most recent academic institution attended (high school, college, university) deemed appropriate by MCCC.

7. *NOT REQUIRED TO APPLY*   (Must be listed to receive points)
Proof of Certifications/Licensure/Degrees **(if applicable):**
   Degree/Credential: _____ State/Institution: _____
   Date Completed/Expiration Date:_____

8. MELAB (80 percentile) or IBN TOEFL (79-80) tests may be required to show proof of English language proficiency for individuals whose native language is not English.

I verify the above information is correct and complete.

_____
        Signature   **Date**

Completion of this form does not guarantee a seat in the Nursing program.
Criteria are subject to change with each catalog year

I have received a Registered Nurse Program Class Selection Criteria packet that includes information required by the Michigan Licensing and Regulatory Agency (LARA) related to:
   a.   Student Compliant Process: http://www.monroeccc.edu/consumer/programintegrity.htm
   b.   Career opportunities by state: https://www.bls.gov/
   c.   Licensure requirements by state: https://www.ncsbn.org/contact-bon.htm

                                                      Applicant initials: _____