

NMJC/NMNEC - Associate Degree Nursing Program Application for Admission

Full Legal Name _____
(Last Name) (First Name) (Middle Name)

Other Names Used _____

(Current Mailing Address) (City) (State) (Zip Code)

(Permanent Mailing Address) (City) (State) (Zip Code)

NMJC Student ID# (A number) _____ Email Address _____@_____

Home Telephone Number _____ Cellular Telephone Number _____

Anticipated Admission: Fall _____ (year)

Have you previously been admitted to the NMJC Nursing Program? _____ Date: _____

Have you previously been admitted to any other nursing program? _____ Date: _____

Step I: Completion of Pre-Nursing Requirements

	<u>Semester/Year</u>	<u>Grade</u>
Basic Science _____	_____	_____
BI 214A Human Anatomy and Physiology I	_____	_____
BI 224A Human Anatomy and Physiology II	_____	_____
EN 113 Composition and Rhetoric	_____	_____
NU 103 Pathophysiology I	_____	_____
¹ NU 103A Pathophysiology II	_____	_____
PS 113 Introduction to Psychology	_____	_____
PS 223B Human Growth and Development	_____	_____

¹ This course is not a prerequisite and may be completed prior to the application deadline for fall admission to the nursing program or taken concurrently with level I nursing courses.

All prerequisite courses must be completed with a grade of "C" or higher. Grades below "C" are not accepted by the nursing program.

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A cumulative GPA of 2.75 must be achieved for the following courses (17 credit hours):

COURSE	GRADE*	x CREDIT HOURS	GRADE POINTS
Basic Science Course _____		x 4 =	
BI 214A Anatomy and Physiology I		x 4 =	
EN 113 Composition and Rhetoric		x 3 =	
PS 113 Introduction to Psychology		x 3 =	
PS 223B Human Growth and Development		x 3 =	
* A = 4 points; B = 3 points; C = 2 points			Total Grade Points →

Total grade points _____ divided by 17 (credit hours) = _____ grade point average (GPA)

10% Ranking Points	Possible Points	Points
Five course Pre-requisite GPA 3.5 to 4.0	2	
Interview Score of 4 or 5 on a 0-5 Likert Scale	1	
TEAS Score 72 or Better	2	
Grade of B or Better in Medical Terminology	1	
Grade of B or Better in Microbiology	1	
Grade of B or Better in Nutrition	1	
Grade of B or Better in Pathophysiology I	1	
Grade of B or Better in Anatomy and Physiology II	1	
Total Points →		

Test of Essential Academic Skills (TEAS) Score

Date

Score

Adjusted Individual Total Score (must be $\geq 58.7\%$ or higher) _____

(Limit of two attempts on TEAS within the one-year period prior to the May 20th nursing application deadline; there must be at 30 days between attempts)

Step II: Completion of Nursing Program Admission Application Requirements

- _____ Con-current enrollment at NMJC
- _____ Overall NMJC Grade Point Average (GPA) ≥ 2.0
- _____ Completion and submission of Nursing Program Application by 5:00 pm on May 20th
 - _____ Formal Letter of Intent and Current Resume
 - _____ Completed Nursing Program Application Form
 - _____ Completed Personal Data Sheet
 - _____ Completed Student Nurse Information Form
 - _____ Completed Pre-Admission Data Sheet
 - _____ College transcripts transferred from NMJC Registrar's Office to Nursing Program Office
 - _____ Appointment for Interview with Director and/or Coordinators
- _____ Verify with Nursing Program Secretary that application packet is complete prior to 5:00 pm on May 20th

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Incomplete application packets will not be considered for admission.

I certify that the information contained in this application is true and correct. I understand that misrepresentation or omission of information may be cause for denial of admission or dismissal from the nursing program. I understand I am applying for the Associate Degree Registered Nursing Program.

Date: _____ **Signature:** _____

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Full Legal Name

Last	First	Middle	Maiden
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Address

Number and Street	City	State	Zip
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Telephone Numbers _____

Home	Work	Cellular
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Emergency Contact Information

(Name)	(Relationship)	(Address)	(Telephone Number)
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(Name)	(Relationship)	(Address)	(Telephone Number)
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Nearest Relative (not living with you)

(Name)	(Relationship)	(Address)	(Telephone Number)
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Name(s) of Children	Name of School or Sitter	Telephone Number
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Place of Employment	Work Hours
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Name of Supervisor	Telephone Number
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Allergies _____

Physician _____

(Name)	(Address)	(Telephone Number)
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**NMJC/NMNEC - Associate Degree Nursing Program
Application for Admission**

Student Signature

Date

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Please circle yes or no to indicate your answers to the following questions:

1. Do you have a medical condition(s) that affect your ability to: move, think, complete nursing education, or practice as a nurse? YES NO

2. Are you currently using any chemical substances that may affect your ability to move, think, complete nursing education, or practice as a nurse? YES NO

3. Do you have a criminal record? YES NO

4. Have you ever been denied clearance for employment by the New Mexico Caregivers Criminal History Screening Program? YES NO

5. Are you behind on child support payments? YES NO

If you answered "YES" to any of these questions, please contact the Director of the NMJC Nursing Program to discuss these issues prior to admission.

Printed Name: _____

Signature: _____ Date: _____

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The data on this questionnaire is strictly confidential and anonymous. Please do not put your name on this form. The data will be utilized in the development of funding proposals and preparation of reports for professional nursing organizations.

Student Status:

Full-time Student (≥ 12 Hours) _____

Part-time Student (≤ 12 Hours) _____

Gender:

Male _____

Female _____

Age:

16-20 _____

21-25 _____

26-30 _____

31-40 _____

41-50 _____

51-60 _____

61 or older _____

Ethnicity:

American Indian or Native Alaskan _____

Asian _____

Black or African American _____

Latino or Hispanic _____

Native Hawaiian or Pacific Islander _____

White or Caucasian _____

Other _____

Financial Resources:

Grant Recipient Yes _____ No _____ Type of Grant: _____

Student Loan Recipient Yes _____ No _____ Type of Loan: _____

Scholarship Recipient Yes _____ No _____ Type of Scholarship: _____

Workstudy Funds Recipient Yes _____ No _____

Workforce Investment Act (WIA) Funds Recipient Yes _____ No _____

Zero Financial Aid Yes _____ No _____

Other _____

Is English a second language for you? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

Are you considered an International Student? Yes _____ No _____

Does either parent have a 4-year college degree? Yes _____ No _____

Do you have a degree in a field other than nursing? Yes _____ No _____ Degree: _____

Are you retraining due to job loss? Yes _____ No _____