

Mt. San Jacinto College Associate Degree in Nursing

Application Filing Period: February 1st – 15th for Fall 2026 Admission

Check the box for which program you are applying for:

- ☐ Generic ADN Program
☐ Adv. Placement (i.e. LVN-ADN)
☐ Both

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: **FA2026 ADN Application**
- b) Downloaded, printed, and **delivered in a sealed envelope** to the Nursing and Allied Health Department during regular business hours. **Monday-Thursday 8:00A – 5:00P.**
 An email will be sent 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.

<p>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.</p>		
<p>1. Nursing Evaluation Eligibility Program Notes: All required documents stated on your Program Notes.</p>		
<ul style="list-style-type: none"> The Program Notes can be found in your MSJC Self-Service account under Student Planning by viewing the My Progress tab and clicking on <u>Evaluation and Graduation Results</u> under the heading of Program Notes. If you did not submit a Nursing Evaluation Request by the required deadline you are unable to apply to the program at this time. If your Evaluation Eligibility Program Notes state to submit your high school diploma, GED or equivalent, attach a copy or high school transcript showing Diploma Date with your application. Make sure the program evaluated matches the program you are applying to, i.e. "Nursing Non-transfer RN (ADN)" or "Nursing LVN Path Non-transfer AS (LVN to RN)." Or both if you applied to both 		
<p>2. Proficiency or Advanced Level Coursework in Languages other than English:</p>		
<p>a. Are you proficient in a language other than English? Yes _____ No _____</p>		
<p>b. Please list the language other than English in which you are proficient</p> <p>_____</p>		
<p>c. Check the appropriate circle that supports your proficiency in the above language:</p> <p><input type="radio"/> Two (2) semesters of the same foreign language from a U.S. regionally accredited College or University (must be verified on Transcript Evaluation)</p> <p><input type="radio"/> Identified language above is spoken at home (<i>Verification must be provided upon request</i>).</p> <p><input type="radio"/> Seal of Biliteracy (attach copy with application)</p>		
<p>3. Previous Academic Degrees, Diplomas, Relevant, and Current Licenses, or Certificates:</p>		
<ul style="list-style-type: none"> Provide a copy of any current licenses and/or certificates that you may have. If you have an LVN license, please submit a copy of your license from the Breeze website. 		
<p>4. Life Experiences or Special Circumstances: Select and provide proof for one area only. Attach the corresponding required proof as stated on the Multi-Criteria Point System.</p>		
a. Veteran or Active military status	<input type="radio"/> Yes	<input type="radio"/> No
b. Disabilities	<input type="radio"/> Yes	<input type="radio"/> No
c. Low Family Income	<input type="radio"/> Yes	<input type="radio"/> No
d. First generation of family to attend college	<input type="radio"/> Yes	<input type="radio"/> No
e. Need to work during pre-requisites	<input type="radio"/> Yes	<input type="radio"/> No
f. Disadvantage, social or educational environment	<input type="radio"/> Yes	<input type="radio"/> No
g. Difficult personal and/or family situations or circumstances	<input type="radio"/> Yes	<input type="radio"/> No
h. Refugee	<input type="radio"/> Yes	<input type="radio"/> No
<p>5. Military: Active, Reserve, Veteran, Guard in good standing. Provide DD214 or equivalent official document based on your area of service.</p>		
<p>6. Work or Volunteer Experience in Health Care: Minimum 100 hours within the last 3 years.</p>		
<ul style="list-style-type: none"> Submit either the Work or Volunteer Experience form <ul style="list-style-type: none"> 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

- 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 Official ATI TEAS with your highest score TEAS Version 7.**

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 Required after Orientation Day
Tuition LVN (fees based on current catalog)	\$966	NCLEX Exam	\$300-\$400 After 4 th Semester
Student Fees (based on current catalog)	\$172	Kaplan	\$600-\$750 Divided per Semester
Parking (fees based on current catalog)	\$160	Student Kits	\$300 /required on first day of school
Uniforms (as designated by the Nursing Department)	\$300	Professional Liability Insurance	\$35/year
Textbooks and supplies for the entire program	\$2,000	Physical Exam/Lab Tests (varies with medical insurance)	\$300-\$500
American Heart Association BLS Card (CPR Certificate) /required after orientation	\$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.

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. Gender

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Other

2. Race/Ethnicity

- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Mixed
- ☐ Other _____

3. Age at application _____

4. Are you registered with Accommodation Service Center? Yes _____ No _____

5. How many times did you take the TEAS exam? _____

6. Did you remediate for 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 _____ Guardsman _____ Spouse _____ Dependent _____

8. Have you been enrolled with 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 (select all that applies)

- ☐ Anatomy & Physiology 1 Anat-101
- ☐ Anatomy & Physiology 2 Anat-102
- ☐ Freshman Composition Engl C1000
- ☐ Introduction to Statistics C1000 or any college level Math-100 or above
- ☐ Microbiology Biol-125
- ☐ None

19. Are you eligible to receive 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 _____

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		MAXIMUM 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 Evaluation.....5 points Licensed in allied health profession.....4 points Certificate in allied health profession.....2 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 C1000-Intro to Statistics or any college level Math listed 100 or above. GPA = 3.8-4.0.....45 points GPA=3.6-3.79.....40 points GPA=3.4-3.59.....35 points GPA=3.2-3.39.....30 points GPA=3.0-3.19.....25 points GPA=2.8-2.99.....20 points GPA=2.6-2.79.....15 points GPA=2.5-2.59.....10 points
4	Program General Education Courses	5 points	Completion of ALL General Education courses: Political Science, Communication, Diversity, Humanities and Psychology with a grade "C" or better
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. Statement Written from applicant e. Documentation from employer on company letterhead verifying dates of employment f. Statement Written from applicant g. Statement Written from applicant h. Copy of card indicating refugee status
6	Military	5 points	Active, Reserve, Veteran and Guard - Please provide a DD214 or equivalent official document based on your area or service
7	Proficiency or Advanced Level Coursework in a	2 points	- Proficiency in any language other than English must be met by official transcripts from a U.S.,

	Language other than English		regionally accredited college or university verifying two semesters of the same foreign language. - Identified language spoken at home (verification must be provided upon request).
8	Recent work or volunteer experience in health care with 100 hours of direct patient care within the past three years.	5 points	Submit either the Work or Volunteer experience form, or letter on company letterhead signed by your supervisor, manager or Human Resource representative with their contact information that states the number of hours worked and your dates of employment
9	Assessment /readiness test results Test of Essential Academic Skills (TEAS) <i>*(see tips for TEAS success)</i>	30 points	Composite score: - 90-100%.....30 points - 78-89%.....25 points - 71-77%.....20 points - 62-70%.....15 points
100 Points MAX			