

MISSISSIPPI COLLEGE SCHOOL OF NURSING

Guidelines for Application Process

1. Obtain an application packet from the School of Nursing office. Submit the completed application to the office on or before **February 1 for Fall admission** or **September 1 for Spring admission**. Applications are due before the close of business day by 4:30 p.m. If the application deadline falls on a weekend or holiday when the office is closed, applications will be accepted on the following business day until 4:30 p.m. --- one day only. The application packet is made up of the application form and two reference forms. The application is good for one calendar year from the date the application is received in the School of Nursing Office.
2. A pre-admission exam is required for acceptance into the School of Nursing. The *Admission Assessment Exam with Critical Thinking* contains content related to the following areas: Math; Reading Comprehension; Vocabulary and General Knowledge; Grammar; Chemistry, Anatomy and Physiology; and Biology. There are questions in additional areas of Learning Styles; Personality Style; and Critical Thinking. Students applying for Spring admission will have the following deadlines: Deadline for the first Evolve test will be **September 1** and the deadline for the second Evolve test if needed will be **October 1**. Students applying for the Fall semester will have the following deadlines: Deadline for first Evolve test will be **February 1** and the deadline for the second Evolve test if needed will be **March 1**.
3. TWO REFERENCES ARE REQUIRED. You should give the forms to a former teacher, pastor, employer, etc. References should be returned directly to the School of Nursing by the person completing the reference form (Box 4037, Clinton MS 39058). No application will be considered without two completed references.
4. It is the responsibility of all applicants to have official transcripts from any course work taken (or in progress) at other institutions sent to the MC Registrar's Office. Transcripts should be in prior to the deadline date for admission.
5. You will be notified in writing of your status (whether admitted or denied admittance) after the Admission and Progression Committee has reviewed the application.
6. Complete and return the applicant response form that will be included with your notification.
7. After admission to the School of Nursing, forms and further information on subsequent requirements will be mailed to you either with or following the notification of admission.

NOTE: Scholarships are available through the Board of Trustees of Mississippi State Institutions of Higher Learning. Further information and applications can be obtained from the IHL (432-6997).
<http://www.ihl.state.ms.us/financialaid/nursing.html>

Questions:

If you have questions regarding the process please call the School of Nursing (601) 925-3278.



**Mississippi
College**

A CHRISTIAN UNIVERSITY

School of Nursing

APPLICATION FOR ADMISSION

Please type or print in ink
Date requesting admission:
Fall _____ Spring _____

Application Deadlines:
Fall admission February 1
Spring admission September 1

S.S.# _____ Date of birth _____ Citizen of _____

Current Name: _____
Last (Family name) First (given name) Middle/ Maiden

Permanent address _____
No. and street Apt. No.

City or town _____ State _____ Zip code _____

Day phone # (____) _____ Evening phone # (____) _____ E-mail _____
Please be sure to give a phone # where you may be reached if we have any questions.

(Circle one) Baptist Catholic Methodist Presbyterian Other

ALL COLLEGES ATTENDED: (include current enrollment in Mississippi College and any vocational training)

<u>Institution</u>	<u>Location (City & State)</u>	<u>Dates</u>	<u>Degree Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List courses in progress and courses you will complete prior to admission:

_____	_____
_____	_____
_____	_____

List extracurricular activities in which you have been involved (include honors received, leadership positions held and religious activities)

_____	_____
_____	_____
_____	_____

Write a brief paragraph (100 words or less) describing the events which have influenced your choice of nursing as a career: (type and attach to the application)

Please respond to the following personal questions (include explanations on another page if necessary):

☐ Yes ☐ No Have you ever attended any school of nursing?
If yes, Please submit a letter of good standing from the School
Specify school and dates _____
If you are not eligible to return please explain _____

☐ Yes ☐ No LPN licensure? If yes:
 ☐ Yes ☐ No Has your license ever been revoked?
 ☐ Yes ☐ No Have you ever been placed on probation?

☐ Yes ☐ No *Do you know of any matter which might otherwise adversely affect your admission to this school or licensure by the Board of Nursing?

*If you have been convicted or pled guilty or no contest to any crime even those that are expunged (other than a misdemeanor or traffic violation), this may affect your licensure by the Board of Nursing. Criminal background check will be implemented prior to beginning of clinical.

I affirm that the information in this application is accurate and complete and understand that falsification of information is grounds for dismissal from the program.

Signature of applicant

Date

NAME OF APPLICANT _____

MISSISSIPPI COLLEGE
School of Nursing

**REFERENCE FORM FOR
ADMISSION TO THE PROFESSIONAL PROGRAM**

(To be completed by a responsible adult who knows the applicant through school, employment, or community relationships.)

Please rate the applicant regarding the following characteristics:

	Excellent	Good	Average	Poor
Verbal Communication				
Personal Appearance				
Personality				
Character				
Suitability for a career in nursing				

How long have you known the applicant? _____

In what capacity? _____

Please give additional comments which would be helpful in evaluating this applicant.

Signed _____ Date _____

Position _____

Business Address _____

**(Reference should be mailed directly to
Mississippi College School of Nursing, Box 4037, Clinton MS 39058)**

NAME OF APPLICANT _____

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