



## MISSISSIPPI COLLEGE SCHOOL OF NURSING

### Guidelines for Application Process

1. Print off this application to complete or call the Nursing office at 601-925-3278, for a copy. 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. 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 *RN 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 Evolve test will be **September 1** and the deadline for the second Evolve test will be **October 1** if a second test is needed. Students applying for the **Fall** semester will have the following deadlines: Deadline for the Evolve test will be **February 1** and the deadline for the second Evolve test will be **March 1** if a second test is needed. **A cumulative score of 80 is required on the Evolve test.**  
**\*\* NOTE\*\* If you have a 21 or above on the ACT, then you are exempt from taking the entrance exam.**
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. **DO NOT return them yourself**, they must come from the person writing the reference.
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 e-mailed to your [MC email address](#).

### **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 or [nursing@mc.edu](mailto:nursing@mc.edu)



School of Nursing

APPLICATION FOR ADMISSION TO BSN PROGRAM

Please type or print in ink

Date requesting admission: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Application Deadlines: Fall admission February 1 Spring admission September 1

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

S.S.# \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Citizen of \_\_\_\_\_

Permanent address \_\_\_\_\_ No. and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_ Cell phone # Home phone # Email address

ALL COLLEGES ATTENDED: (include current enrollment in Mississippi College , any Dual Enrollment classes from your High School and any Vocational Training)

Table with 4 columns: Institution, Location (City & State), Dates, Degree Earned

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

Three horizontal lines for listing courses

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

Three horizontal lines for listing extracurricular activities

**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 classes.*

**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

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)



REFERENCE FORM FOR ADMISSION TO THE BSN PROGRAM

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

NAME OF APPLICANT (please print): \_\_\_\_\_

Please rate the applicant regarding the following characteristics:

Table with 5 columns: Characteristic, Excellent, Good, Average, Poor. Rows include Verbal Communication, Personal Appearance, Personality, Character, and Suitability for a career in nursing.

How long have you known the applicant? \_\_\_\_\_ years and/or \_\_\_\_\_ months

In what capacity? \_\_\_\_\_

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

Four horizontal lines for additional comments.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Please mail completed form to: MC School of Nursing, Box 4037, Clinton MS 39058, Nursing@mc.edu