

Transfer Application Checklist

Associate Degree Nursing Program

Your application is **NOT COMPLETE** and cannot be considered in the admissions process until **ALL** forms and any required documentation is included. **Falsifying information may be cause for removal from a health career program.**

Use the checklist below to verify that all information is included. Sign and date this form. Submit this and the indicated information to the Associate Degree Nursing Program secretary. These items may be mailed or delivered to the department. All information, current and accurate, is required a minimum of three months before the start of a semester. Afternoon classes begin in the spring and day classes begin in the fall.

- Application for Admission to McLennan Community College.**
Completed application must be sent to the Admissions Department. Application can be obtained at:
<http://www.mclennan.edu/schedule/pdf/AdmApp.pdf>
- Application for Transfer to the Associate Degree Nursing Program.**
Completed application must be sent to the Associate Degree Nursing Program Office.
- Documentation – Proof of completion of any one of the Texas college placement tests (THEA, Accuplacer, etc.) to include test scores in Reading, Writing, and Mathematics or placement test Exemption Status.**
If not taken yet, indicate date when test will be complete. _____
This information must be supplied to both the Associate Degree Nursing Program and the Admissions Office.
- Documentation – Transcripts from all colleges where you have earned credit.**
This information must be supplied to both the Associate Degree Nursing Program and the Admissions Office. The Admissions Office **MUST** have Official Transcripts. Note: It is the applicant's responsibility to submit updated transcripts to the Office of Student Admissions and the A.D.N. program director as additional courses are completed. Nursing courses that are older than 5 years will not be accepted. Science courses older than 5 years will not be accepted for fall 09 applications and thereafter.
- Documentation – Nurse Entrance Test (NET) Scores.**
The NET must be taken at MCC. Nurse Entrance Test (NET) requirements: Reading Comprehension and Essential Math Skills scores equal to or greater than the national average.
- Documentation – Test of English as a Foreign Language (TOEFL).**
International students must have TOEFL scores sent directly to the nursing program from the testing center. Minimum required scores: Internet-based total of 100, computer-based of 250 or a paper/pencil of 600 is required for admission.
- Documentation – Proof of current immunizations.**
Have your health care provider complete the Immunization Record for McLennan Community College. You must have required immunizations completed when you submit your application for transfer.
- Documentation – Letters of reference from previous nursing school indicating good standing.**
You must have a letter of reference from the Dean, Director, or Instructor from your previous nursing school indicating that you are in good standing and eligible to return. If you are not eligible to return, you will not be considered for transfer.
- Essay – Reasons you are requesting transfer.**
Identify reasons why you left your previous nursing program. If you were unsuccessful, what factors kept you from being successful, how these factors have changed, and your plan to be successful if admitted.

After you have completed and checked all applicable items above, you are now ready to turn in your application.

Signature _____

Date _____

Application For Transfer Associate Degree Nursing Program

This Application is Effective for **ONLY ONE** Admission Review

Name:

_____ *Last name* _____ *First name* _____ *Middle name* _____ *Other names used on records*

Social Security Number: _____ - _____ - _____

Current Address:

_____ *House number* _____ *Street, Route or P.O. Box number* _____ *Apartment number*

_____ *City* _____ *County* _____ *State* _____ *Zip*

Telephone number: home (_____) _____ cell (_____) _____

Mail Address: _____

(Attach Updated Unofficial Transcript and Course Descriptions and/or syllabus of Nursing Courses)

List All Colleges and/or Vocational Technical Schools You Have Attended

COLLEGE

DATES ATTENDED

_____	_____
_____	_____
_____	_____
_____	_____

Are You Eligible For Re-Entry to Your Previous Nursing Programs? YES _____ NO _____

The steps listed on the checklist (application, testing, transcripts, reference letters, etc.) must be completed before the applicant can be considered for admission to the Associate Degree Nursing Program.

I certify that the information furnished in this application is complete and correct.

Signature _____ Date _____

FURNISHING FALSE INFORMATION TO THE COLLEGE WITH INTENT TO DECEIVE MAY RESULT IN
ADMISSION DENIAL OR PROGRAM DISMISSAL

**MCLENNAN COMMUNITY COLLEGE
IMMUNIZATION RECORD FOR HEALTH CAREERS STUDENTS**

NAME OF STUDENT: _____ **SS #** _____
(print)

IMMUNIZATIONS:

T.B. Test (Annual Update Required) Date _____ Results _____

or Chest X-ray: Date _____ Findings _____

Tetanus-diphtheria toxoid (Td): Date _____ (within last 10 years)

Measles/Mumps/Rubella:

- a. Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of **measles**-containing vaccine administered since January 1, 1968. Serologic confirmation of immunity to measles is acceptable.
- b. Prior to patient contact, students must show proof of either one dose of **rubella** vaccine. Serologic confirmation of immunity to rubella is acceptable.
- c. Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of **mumps** vaccine. Serologic confirmation of immunity to mumps is acceptable.

Measles: _____ Mumps: _____ Rubella: _____
2nd date: _____

HEPATITIS B VACCINE

The student should be aware that there is potential of exposure to Hepatitis B during clinical assignments. Students must receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.

Immunization	Dose #1	Dose #2	Dose #3
Date:			

Administered by: _____
Signature

Varicella: Students must receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age. Serologic confirmation of immunity to varicella is acceptable. A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, must support history of varicella disease.

Dose #1: Date & Administered by	Dose #2: Date & Administered by

Physician or Nurse Practitioner's Signature: _____ Date: _____

Physician or Nurse Practitioner's Printed Name: _____

Address: _____ Telephone Number: _____