Application Checklist for
Associate Degree Nursing

Your application is **NOT COMPLETE** and will not be considered until **ALL** forms and any required documentation is submitted. Use this checklist to verify all information is included. Sign, date, and submit this form with the indicated information to the Associate Degree Nursing Program (ADN) Department Administrative Assistant. All current and accurate information is required by the application deadline for **Spring 2027 is October 19, 2026 at 4pm**, and for LVN to ADN Summer 2027 Transition Course is **March 15, 2027 at 4 pm**, and **Fall 2027 semester is May 10, 2027 at 4 pm.**

- ❑ Application for Admission to McLennan Community College. MCC Student ID#: _____

  Completed application must be sent to the MCC Office of Student Admissions. Law requires meningitis immunization for first-time students under age 22.

- ❑ Application for the Associate Degree Nursing Program.
  Completed application must be sent to the Associate Degree Nursing Program Administrative Assistant.

- ❑ Documentation– Must be TSI complete in reading and writing.
  Include test scores in Reading and Writing or placement test Exemption Status.
  If not taken yet, indicate date when test will be completed. _____
  This information must be submitted to both the ADN Program Director and the Office of Student Admissions.

- ❑ Documentation–Official and unofficial transcripts from all colleges where you have earned credit.
  - Official transcripts go to the Office of Student Admissions Department.
  - Unofficial transcripts go to the ADN Program with the application.
  - It is the applicant's responsibility to submit official updated transcripts to the Office of Student Admissions and unofficial updated transcripts to the ADN Program as additional courses are completed.

- ❑ Documentation–HESI-A2 RN Exam must be taken at MCC. Requirement: Must complete all eight (8) sections. Must make a percentile of 78% or higher on Anatomy & Physiology, Grammar, Math, Reading, and Vocabulary & General Knowledge. Learning Styles and Personality Profile must be completed with no minimum score requirement. Critical Thinking Score must be submitted.

- ❑ Documentation–Proof of residency.
  Attach a copy of utility bill or property tax statement or driver license showing residence in McLennan County to receive residence points.

- ❑ Documentation–Test of English as a Foreign Language (TOEFL).
  See McLennan Community College requirements.

- ❑ Documentation–Proof of Application Fee Payment. Pay $20 Application Fee at Business Office either in person or go to MCC website, Click Community, Under Quick Links, Click Marketplace and Click Nursing Application Fee. Attach receipt to Associate Degree Nursing application.

- ❑ If restricted from working in any clinical facility, provide official documentation verifying eligibility to participate in clinical experiences. Restrictions without written permission will impact admission and/or program progression.

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

_____ _____

Signature *Date*

MCLENNAN COMMUNITY COLLEGE

1400 College Drive • Waco, TX 76708

www.mclennan.edu/departments/hsp

McLennan Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dr. Claudette Jackson, Director, Accommodations & Title IX & Title IX Coordinator, 1400 College Drive, 254-299-8465, titleix@mclennan.edu A lack of English language skills will not be a barrier to admission to and participation in career and technical education programs.

McLennan Community College no discrimina a ninguna persona independientemente de la raza, color, origen nacional o étnico, género, discapacidad, o edad en sus programas, actividades o empleo. Para obtener información sobre el cumplimiento de esta política de no discriminación por parte de la institución, comuníquese con el siguiente administrador: Dr. Claudette Jackson, Director, Accommodations & Title IX & Title IX Coordinator, 1400 College Drive, 254-299-8465, titleix@mclennan.edu La falta de conocimiento del idioma inglés no será un impedimento para la admisión y participación en programas de educación técnica y profesional.

For students in these Health Profession programs who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your faculty member or program director. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Application for
Associate Degree Nursing Program

Application deadlines are:

- ➔ **Spring 2027 Semester Classes - October 19, 2026 at 4 pm**
- ➔ **LVN to ADN for 2027 Summer Transition Course - March 15, 2027 at 4 pm**
- ➔ **Fall 2027 Semester Classes - May 10, 2027 at 4 pm**

This application is effective for ONLY one admissions review. A new application is required for each admission.

➔ **If you have not received an e-mail concerning admission by two weeks after admission meeting on your student e-mail, please call the Nursing Office.**

Name:

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

Social security Number: _____ – _____ – _____ DOB: _____

Permanent address:

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

_____ _____ _____ _____
City *County* *State* *ZIP*

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

MCC E-mail: _____

Previous experience in a health occupation: _____

Current certification(s) in a health care field with direct patient care (attach copy of current certification):

_____

Check the program option for which you are applying:

2-year Program _____ (year) LVN to ADN Program _____(year)

- ❑ Fall
- ❑ Spring
- ❑ Summer

Have you applied to the ADN Program before and when _____

Name of High School: _____ Date of Attendance: _____

List all colleges and/or vocational-technical schools you have attended, including MCC:

College Date Attended

Are you restricted from attending clinical (working) at any clinical facility? Yes No If yes, name facility: _____

Official documentation verifying eligibility to participate in clinical experiences at the above-listed healthcare facility is required.

Are you currently, or have you ever been, expelled or placed on disciplinary suspension from any college or university?

(This does NOT include academic or financial aid suspension.) _____

The steps outlined on the Application Checklist (admission to the college, testing, transcripts, 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*

Return this form to:

Program Director, Associate Degree Nursing, McLennan Community College, 1400 College Drive, Waco, Texas 76708

McLENNAN COMMUNITY COLLEGE

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