



Fall 2026 Application to Commence the Professional Phase of the
Nursing Education Program in Spring 2027.

Part One of Two

Instructions: Complete this form and be sure to answer all questions. Submit the completed form via the nursing program website (www.mccc.edu/nursing) between September 1st and October 1st 2026.
Please type or print clearly.

Name: _____ MCCC ID#: _____

Address: _____

City/State/Zip: _____

County: _____

MCCC student e-mail: _____

Cell phone: _____

Date Attended Nursing Education Program Information Session: _____

There are three alternate application pathways available for students. Students who answer no to the following questions will be considered through the traditional application pathway.

The Kean Scholars application pathway is for students currently enrolled in the Equal Opportunity Fund (EOF) program at MCCC. Please check whether you are currently enrolled in the Equal Opportunity Fund (EOF) program at MCCC. ☐ No ☐ Yes

The Weaver Scholars pathways is for Mercer County residents only who have completed the majority of their general education coursework at MCCC. These students may be considered for admission based on the date of when they began at MCCC. Do you wish to be considered for admission based on when you first started your education at MCCC (date of matriculation)? ☐ No ☐ Yes

Students who were previously accepted into the nursing education program and enrolled in professional phase coursework but did not complete successfully, may be eligible for re-admission through our second chance program option. Are you applying through the second chance program for students previously enrolled in the professional phase? *? ☐ No ☐ Yes

*Second chance program applicants must also submit an essay.

Name: _____ MCCC ID#: _____

TEAS Scores

The Test of Essential Academic Skills (TEAS) exams must be completed prior to the application deadline. TEAS scores from other institutions are not accepted. **You do not need to attach your TEAS score report.** The nursing education program will access your score report directly from ATI.

Please indicate the date you took your TEAS exam at MCCC _____

All semester one courses must be completed at time of application. If courses were taken at another institution, an official transcript evaluation must be completed and the credits applied to the MCCC transcript.

<u>Semester One Courses</u>	<u>Semester</u>	<u>Year</u>	<u>Grade</u>	<u>College Taken At</u>
MAT125: Elementary Statistics				
BIO103: Anatomy & Physiology I				
ENG101: English Composition I				
PSY101: Introduction to Psychology				

Provide your status in the following courses. If you are currently registered or enrolled, write "IP" for in progress. If you are planning to take a semester two course during the Fall 2026 semester, please indicate that. If you plan to take the course at another college than Mercer County Community College, please submit your registration documentation and academic course catalog description. **Student must have completed or be in progress with completing semester two courses at time of application.** All semester two courses must be successfully completed prior to beginning the professional phase nursing coursework. Other program courses are not required to be completed at time of application. However, it is strongly encouraged to complete coursework prior to beginning the professional phase coursework.

<u>Semester Two Courses</u>	<u>Semester</u>	<u>Year</u>	<u>Grade</u>	<u>College Taken At</u>
ENG102: English Composition II				
BIO104: Anatomy & Physiology II				
PSY 207: Developmental Psychology				
CHE 107: General and Physiol. Chem.				

Name: _____ MCCC ID#: _____

Have you previously applied to begin the professional phase coursework of the nursing education program? ☐ Yes or ☐ No

If yes,

1. ☐ Was qualified but waitlisted
2. ☐ Was not qualified
3. ☐ Was accepted but did not enroll
4. ☐ Second Chance student

I affirm that the information on this form is accurate and request consideration for acceptance into the professional phase of the Nursing Education Program.

Signature _____ Date: _____

This is the end of Part One of Two.