

# 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 Secretary. All current and accurate information is required by the application deadline for Fall 2025 is **May 12, 2025 at 4 pm**, and for LVN to ADN Summer 2025 Transition Course is **March 18, 2025 at 4 pm**, and Spring 2026 semester is **October 20, 2025 at 4 pm**, and and Fall 2026 is **May 15, 2026**.

☐ 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 Secretary.

☐ Documentation– Must be TSI complete in reading, writing, and math.

Include test scores in Reading, Writing, and Mathematics 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 utility bill or property tax statement 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.

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](http://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](mailto: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](mailto: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:

- ➔ Fall 2025 Semester Classes - May 12, 2025 at 4 pm
- ➔ LVN to ADN for 2025 Summer Transition Course - March 18, 2025 at 4 pm
- ➔ Spring 2026 Semester Classes - October 20, 2025 at 4 pm
- ➔ Fall 2026 Semester Classes - May 15, 2026 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 ☐ Summer  
☐ Spring

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* *Dates attended*

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

**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



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