READMISSION APPLICATION PROCESS AND REQUIREMENTS

All applicants for readmission must complete this application packet, including all sections and signatures, and submit to the Office of Admissions by the application deadline. Incomplete and/or late applications will not be processed and are not eligible for review by the Nursing Readmission Committee. Additionally, applicants must complete the following:

- Submit a letter requesting readmission to the Office of Admissions along with your application. This letter must indicate what steps you have taken to ensure success in the nursing program and include supportive materials such as documentation of compliance with recommendations made to you at the time of withdrawal from the program.
- Submit a copy of your letter and supporting documentation to the Director of Nursing.
- Schedule applicable readmission competency exams. Please contact the Nursing Department at 978-630-9265 to schedule your exam. Indicate the date/time of your exam here: ____________________. Once the student successfully completes the appropriate competency exams (with a minimum grade of 77 percent or higher), the nursing admissions committee will meet to make a decision regarding the readmission request.

Please note: Students that were not successful in either NUR 102 or NUR 111 and do not have to take competency exams will have their applications for readmission included in the overall application pool for the current year. The Office of Admissions will communicate the acceptance or denial decision in writing to the student.

- Readmission is contingent upon successful completion of all requirements set forth in this application and the student’s program withdrawal meeting, as well as seat availability.
- Official transcripts must be received directly from the sending institution or may be hand delivered to the Office of Admissions in a sealed envelope. Education completed outside of the U.S. must be evaluated for equivalency. Evaluating agencies can be found at www.naces.org. In the event that the application deadline falls on a non-business day, the next business day will become the effective deadline.

I hereby attest I have submitted all documentation required at time of submission for this application. I further affirm I have read and understand all requirements set forth in this document.

Signature of applicant          Date
Readmission to Selective Nursing Programs

ATTENDANCE INFORMATION

Legal Name: ________________________________ ________________________________ ________________________________

Last (family or sur) Name                  First Name               MI

Previous Last Name: ________________________________ ________________________________ ________________________________

Preferred First Name (only if different from above): ________________________________

(For info, go to mwcc.edu/current-students/records)

Social Security Number:_______-_____-__________ Email:________________________________________________________________

Mailing Address:___________________________________________________________________________________________________

Street & Apt. # or P.O. Box                     City      State          Postal/Zip Code

Permanent Address:___________________________________________________________________________________________________


Phone Numbers: Home: ___________________________    Cell: ___________________________   Work: ___________________________

Gender:  □  Male   □  Female     Date of Birth: _____ / _____ / ______

Citizenship (REQUIRED): Country of Birth ________________________________ Country of Citizenship ________________________________

□  I am a U.S. Citizen  
□  I am a Permanent Resident. Must provide Alien Registration Number ________________________________.
□  I am a Lawful Immigrant. Must provide work authorization documentation.
□  I am a Non-Citizen. My current status is: (check all that apply)
   □  In the country with a (presentation of current visa required):  □  visitor visa □  student visa □  other
   □  I wish to obtain a student visa (Must submit International Student Application with additional documentation)

EDUCATION INFORMATION

MWCC Student ID number (if applicable) ___________________ Number of successfully completed MWCC credits __________________

Semester and year of first admission _______________ Last NUR course completed (number and term) __________________

I am seeking readmission into the following:

Spring Semester - October 1 Deadline:

□  NUR 113 Nursing Care of Children and Family AND/OR NUR 114 Nursing care of the Childbearing Family (second semester)
□  NUR 204 Trends in Nursing AND/OR NUR 222 Medical-Surgical Nursing Part II (fourth semester)

Fall Semester - February 1 Deadline:

□  NUR 106 Contemporary Nursing for the Practical Nurse (PN third semester)
□  NUR 113 Nursing Care of Children and Family AND/OR NUR 114 Nursing care of the Childbearing Family (third semester)

Summer Semester - April 1 Deadline:

□  NUR 104 Maternal Child Nursing (PN second semester)

Will you be asking the Committee to review college transcripts from college(s) other than MWCC?  □  Yes   □  No

Please list all colleges you have attended:

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I have read the Technical Standards and understand that it is my responsibility to discuss any accommodation that I may need with the appropriate College representative.    □  Yes   □  No
### PERSONAL INFORMATION

**Ethnic Background:** Do you identify yourself as:  
- [ ] Hispanic or Latino  
- [ ] Not Hispanic or Latino

**Race:** Select one or more races, as you identify yourself:  
- [ ] American Indian or Alaskan Native  
- [ ] Asian  
- [ ] Black or African American  
- [ ] White  
- [ ] Cape Verdean  
- [ ] Native Hawaiian or Pacific Islander

**Marital Status:**  
- [ ] Married  
- [ ] Single  
- [ ] Divorced  
- [ ] Separated  
- [ ] Widowed

**Have you, your spouse, or your parents ever served in the U.S. Military:**  
- [ ] yes  
- [ ] no

### MINIMUM ELIGIBILITY REQUIREMENTS

In order to be eligible to APPLY for readmission, students must meet the following:  
- Be separated from the degree program for a minimum of one full semester at the beginning of the term for which you are seeking readmission.  
- Successfully complete any and all requirements outlined in the student’s program withdrawal meeting.  
- Submit Test of Essential Academic Skills (TEAS) Scores. These scores may be no older than three years at the application deadline and must achieve the following minimum scores:  
  - ADN: Reading - 69.0 / Math - 63.3 / English - 60.0 / Science - 45.8  
  - PN: Reading - 54.8 / Math - 50.0 / English - 53.3 / Science - 35.4  
- Ensure that all math and science courses required as pre- or co-requisites for the degree program were completed with a grade of C+ or higher no more than 10 years from the application deadline.

### HAVE YOU APPLIED FOR FINANCIAL AID?

- [ ] I have already applied  
- [ ] I plan on applying  
- [ ] I do not plan on applying

To apply for financial aid, students must complete the Free Application for Federal Student Aid (FAFSA), available on the federal financial aid web site at www.fafsa.gov. Financial aid can be used to pay for tuition, fees, books, transportation, and other educational expenses. MWCC strongly encourages you to complete the FAFSA. If you have questions about your financial aid application or college financial planning, please call the college Financial Aid Office at 978-630-9169 or online at mwcc.edu/financial.

### SIGNATURE

I hereby apply to MWCC. I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Mount Wachusett Community College. The information I have provided is true and correct to the best of my knowledge.

I understand and consent to the information provided on this completed form being used to contact me by (check all that apply):  
- [ ] automated telephone  
- [ ] text messaging  
for matters related to my enrollment at Mount Wachusett Community College.

### Office use only:

Date Received: ___________________________
Readmission to Nursing Programs

Contact & Campuses

Office of Admissions
Tel: 978-630-9110
Fax: 978-630-9554
Email: admissions@mwcc.edu
Web: mwcc.edu/admissions

Financial Aid Office
Tel: 978-630-9169
Fax: 978-630-9459
Email: financialaid@mwcc.mass.edu
Web: mwcc.edu/financial

Student Accounts Office
Tel: 978-630-9386
Fax: 978-630-9459
Email: bursar@mwcc.mass.edu
Web: mwcc.edu/student-accounts

Records Office
Tel: 978-630-9106
Fax: 978-630-9554
Web: mwcc.edu/records

Gardner
444 Green Street
Gardner, MA 01440
978-630-9110

Devens
One Jackson Place
27 Jackson Rd.
Devens, MA 01434
978-630-9569

Leominster
100 Erdman Way
Leominster, MA 01453
978-630-9810

AA/EEO Institution
AP011-09 Rev:Aug20