

Merced College Failure to complete & SIGN form will lead to your application being disqualified.

Registered Nursing Program

Criteria II - GPA & Prerequisite Course Form - Required

(Maximum 45 points value)

Name:Student ID #:								
View the Grid of Comparable least two months before the a	•	If your course(s) ne	ed to be verified	for equivalency,	it is your res	oonsibility to	meet with a	a counselor at
This form must be filled out completely AND uploaded with your application. A = 4 p					A = 4 poi	Grade Point Values nts B = 3 points C = 2 Points		C = 2 Points
Prerequisite	College/ University	Course Name & Number (ex. BIOL-20)	Semester & Year	Counselor Initial verifying equivalency	Course Grade	Course Unit Value	Grade Point Value	Grade Points
BIOL-16 - General Human Anatomy								
BIOL-18 – Principles of Physiology								
BIOL-20 – Microbiology								
ENGL-1A - College Composition & Reading <i>OR</i> ENGL-13/PHIL-13/H – Critical Reasoning and Writing								
MATH-10 - Elementary Statistics or equivalent course or higher level Math								
Calculate the totals in each column for the Course Unit Value & Grade Points						Total Course Unit Value		Total Grade Points
Total Grade Points ÷ Total Course Unit Value = Your GPA. Do NOT round GPA up (ex: 3.678 = 3.67) Refer to the MC RN "Point Criteria Summary" to calculate your total points.						Your GPA:		My Points are:
OPTIONAL COURSES FOR EXTRA IF your course is NOT listed on the G to verify equivalency. Merced Colleg & Records office by January 28, 2022 To qualify for the extra point, you 1. this form must be filled out co 2. have passing grades (C or better)	Pharmacology (Virid of Comparable Prerequisi ge courses do NOT require a c 2 – no exceptions. Ou must meet <u>ALL</u> of the formulated the properties of t	(OCN-46A). Grades mu te Courses, you must mal ounselor's signature. Off following:	st be posted on tra ke an appointment w icial transcript(s) fro 3. upload th 4. upload O	enscripts at time of vith an ALLIED HEALTH	submission. Counselor (call versities must be be all cation and	209-381-6478 (sent directly to	or email <u>ecouns</u> o the Merced Co	selor@mccd.edu) ollege Admissions
Prerequisite	College/ University	Course Name & Number (ex. ALLH-67)	Semester & Year	Counselor Initial verifying equivalency	Course Grade			
ALLH-67 – Medical Terminology								
NUTR-10 – Nutrition								
VOCN-46A – Applied Math for Pharmacology (This course is not on the Grid of Comparable Prerequisite Courses)								
Merced College Allied	Health Counselor	Ration	ale for temporar	y approval:				
X	gree Admission Grid ernal Evaluation on File	Print N	lame:					
	unselor Assessment		ure:				Date:	
Application may be denied pendir application being disqualified.	ng further department eval	uation. If applicable, at	tach a copy of appr	oved substitution fo	rm. Failure to	complete & SI	GN form will l	ead to your
I have read the instructions of	utlined on this nage	Applicant Signatu	re:				Date:	