

2023 Sample Application

☑vterced-College-Logo_new- 75h.png	Vocational Nursing Program Application						
	Introduction	Vocational Nursing Program Application	Prerequisites	History of Conviction			
	Acknowledgen	nent of Student Responsibilities					
All applications submitted on the application day will be reviewed at a later date. If it is determined minimum requirements have not been met or an incomplete application packet is submitted, the applicant will not be considered for the selection process. Incomplete applications will be disqualified.							
Merced College counselors and staff ar	e not responsible fo	or the completeness of your application. Yo	u are solely resp	onsible for following dire	ections.		
Important Notice: Students must adh	nere to clearance re	equirements in order to be accepted into	, and continue	enrollment in, Allied He	alth Programs' clinical courses.		
Requirements include: background checks, drug screenings, vaccinations and boosters (for example, COVID-19). Merced College Allied Health Programs do not accept religious nor medical exemptions.							
nor medical exemptions.							
*							
☐ I acknowledge that I have read the a	above information.						
Previous						Next	
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Year you are applying for								
2023								
Merced College ID*	(i.e. 0001234)							
						Former		
Last Name*	First Name*				M.I.	(?)		
Mailing Address*								
Street Address								
Address Line 2								
City			State / Province /	Pening				
City			State / Province /	ragion				
Postal / Zip Code			Country					
Fosiar / Zip Gode			Country					
Telephone #*								
Merced College Email*								
Merced College Elliali								
Personal Email*								
(The one you check most often. Personal email	Is are considered yahoo, gmail, etc. and NOT associated	with yo	ur job, Merced Col	llege, or anoth	er schoo	ol).		
Are you 18 Years of age or older*								
○ Yes								
○ No								
Gender								
○ Female								
○ Male								
Other								
Ethnicity								
Entrance Beguire*								
Entrance Requirement*	A COST OF A LAS Deems of Links and Association							
Upload, or Drag into this Area to attac	t or GED or AA/AS Degree or higher education completed							
opicad, or bring into this rice to attach	and a second sec							

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All prerequisites must be completed and grades must be demonstrated on transcripts prior to applying. No "in progress" prerequisites will be accepted. At this time, the combined GPA on prerequisites must be a 2.0 or higher. For future classes, the GPA requirement will be 2.5 or higher.								
Have you completed the required prerequisites?* Yes No								
Did you complete all the prerequisite	courses with a grade	of "C" or higher?*						
O Yes	courses with a grade	or C or migner:						
○ No								
All prerequisites completed within the	e last 5 years?*							
O Yes								
Prerequisite Courses and C	ourse Equivaler	ocy Verification						
Trerequisite Courses and C	ourse Equivaler	icy vernication						
IF your course is NOT listed on the Grid of Comparable Prerequisite Courses, you must make an appointment with an ALLIED HEALTH Counselor (call 209-381-6478 or email ecounselor@mccd.edu) to verify equivalency.								
Official transcript(s) from other colle website, no exception.	eges/universities mu	ist be sent directly to	the Merced College	Admissions & Red	cords office by deadlin	ne posted on the LVN		
If you need your courses(s) verified	l for equivalency, fill	out the Equivalency	Verification Form.					
If you completed all prerequisite cla			es are listed on the (Grid of Comparable	Prerequisite Courses	s, you do not need to		
complete this form, nor do you need a counselor's signature.								
Upload Equivalency Verification Form								
Upload, or Drag into this Area to attach	documents							
* Program Prerequisites must be completed within 5 years of date of application								
College/University	Course Name & Number	Semester/Year	Course Unit Value	Course Grade	Grade Point Value Grade Foint Values- A=4 Foints, 8= 3 Foints, C=2 Foints	Grade Point		
ALLH-67						0.00		
NUTR-10						0.00		
BIOL-50						0.00		
BIOL-16						0.00		
VOCN-46A						0.00		

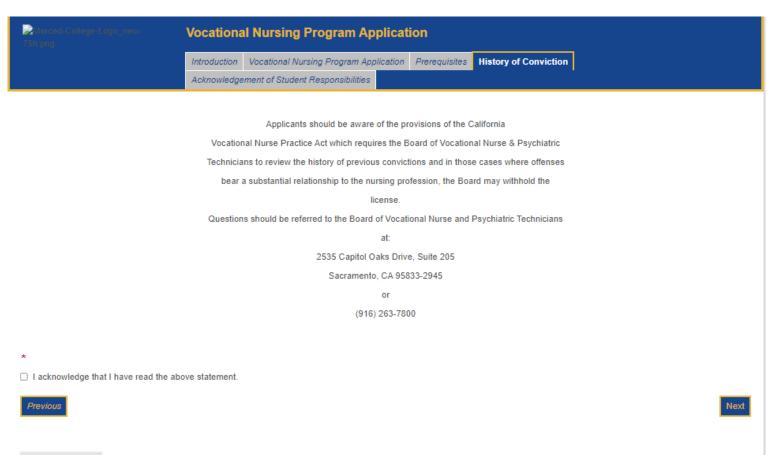


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Total Course Unit Value*
0.00
Total Grade Point Value *
0.00
Total Grade Points*
0.00
Total GPA*
Total from GPA & Prerequisite Course form
Transcripts
All applicants are required to upload transcript(s) with their application. Transcripts must include all work shown as completed on the application. An application that is not completely filled out and/or does not have all transcripts submitted by the application deadline will be considered incomplete.
Upload a copy of your unofficial transcript from Merced College. You can login to your Merced College Self-Service account to download a PDF of your unofficial transcript.
Upload a copy of your official transcript(s) from all other colleges/universities. We understand that once you open the copy, it becomes unofficial. This will be accepted for this application.
Upload Copy of Transcripts*
Upload, or Drag into this Area to attach documents
Previous LVN or RN Courses
Have you ever attended another LVN or RN Program?*
○ Yes
○ No
If you answered Yes, list school and you must attach the transcripts
Upload copy of Transcripts
Upload, or Drag into this Area to attach documents
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I have read all of the material containe	d in the Vocational Nursing Program Application Information Handbook.				
I understand that general education re	quirements for the A.A. Degree are subject to change with the publication of each year's new Merced College school catalog.				
I understand Merced College reserves	the right to revise Program Prerequisites and/or Selection Procedures.				
I understand it is my responsibility to m degree requirements, program require	neet program prerequisites, ensure equivalency, follow proper application procedures, provide transcripts, and stay informed of revisions regarding ments, and selection process.				
I understand that if I submit an applica	tion that is incomplete, or does not meet program prerequisites/application requirements, I will be disqualified.				
I understand that after my application i	is accepted and verified, it is my responsibility to notify Merced College's Allied Health Division of any changes in name, address, telephone number				

I understand that if I am selected by the program, failure to notify the Allied Health Office of my acceptance or declination in the allotted time given, constitutes grounds to assign my position to the next qualifying applicant.

I understand if I decline acceptance into the program I may apply at a later date and I must meet all recency requirements i.e. program prerequisites must be completed within 5 years of application.

I understand that if I withdraw or am dismissed from the program, I will no longer be eligible for re-admittance into the program. I may be able to reapply at the later date.

Students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations and boosters (for example, COVID-19). Merced College Allied Health Programs do not accept religious nor medical exemptions.

Upon acceptance into the Vocational Nursing Program, you must meet ALL CURRENT requirements.

Limitations on Enrollment/Requirements: COVID -19 vaccine/booster, Tdap, MMR, HEP B, Varicella, Current Flu Vaccine, Negative TB Test or Negative Chest X-Ray, CPR Certification (American Heart Association - BLS), Physical, criminal background and drug screening clearances. Additional immunizations, drug screenings and background checks may be required throughout the program for clinical rotations.

Further information will be provided at the MANDATORY orientation.

Failure to provide required documentation by deadlines may cancel admission to the program.

☐ I acknowledge that I have read and agree to above statement.							
Review							

I certify that all information provided in connection with this application is true, correct and complete. Providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Merced College Vocational Nursing Program.

Signature*
Sign
Date*

Date will be captured on form submission

Before submitting your application, double-check you selected the correction application type. Be sure to include all necessary documentation; multiple submissions will not be allowed. No exceptions.

Next

