

application being disqualified.

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 #: Yiew the Grid of Comparable Prerequisites Courses. If your course(s) need to be verified for equivalency, it is your responsibility to meet with a counselor at least two mon									
before the application window. This form must be filled out completely AND unloaded with your application						Grade Point Values 4 points B = 3 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		
BIOL-16 – General Human Anatomy									
BIOL-18 – Principles of Physiology									
BIOL-20 – Microbiology									
ENGL-C1000 – Academic Reading & Writing or ENGL-01A College Composition & Reading or ENGL-C1001/H – Critical Thinking & Writing or ENGL-13/PHIL-13/H Critical Reasoning & Writing STAT-C1000 – Introduction to Statistics or MATH 10 Elementary Statistics or PSYC 5 Intro to Stats in Psychology									
	Calculate t	the totals in each o	olumn for the Cou	urse Unit Value & G	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 POIL IF your course is NOT listed on the Grid of to verify equivalency. Merced College cou & Records office by January 28, 2022 – no To qualify for the extra point, you m 1. this form must be filled out comple 2. have passing grades (C or better) in	Pharmacology (VOCI f Comparable Prerequisite Courses do NOT require a couns exceptions. The table to the folloutely and the folloutely and	N-46A). Grades mus ourses, you must mak selor's signature. Offi owing:	the posted on tra e an appointment work cial transcript(s) fro 3. upload th 4. upload Of	inscripts at time of vith an ALLIED HEALTH m other colleges/univ is form with your app fficial Transcript(s) fro	submission. H Counselor (calversities must be belication and	ll 209-381-6478 o e sent directly to	or email <u>ecouns</u> o the Merced Co	elor@mccd.edu llege Admission:	
Prerequisite	College/ University	Course Name & Number	Semester &	Counselor Initial verifying	Course				
ALLH-67 – Medical Terminology	conege/ oniversity	(ex. ALLH-67)	Year	equivalency	Grade				
NUTR-10 – Nutrition									
VOCN-46A – Applied Math for Pharmacology									
Merced College Allied He	alth Counselor	Rationa	ale for temporar	v approval:					
CID Number HECCC Nursing Degree Merced College Interna Based on Initial Counse	Admission Grid Il Evaluation on File	Print N	ame:	у орргочи.			Date:		
Application may be denied pending ful	rther department evaluation	on. If applicable, att	ach a copy of appr	oved substitution fo	orm. Failure to	complete & SI	GN form will l	ead to your	

I have read the instructions outlined on this page. Applicant Signature:

Date: