

**Springfield Technical Community College
Department of Nursing: Nursing Applicant Admission Checklist 2017**

Name (Print Legibly) _____ Student ID#/ss# _____

Address _____

City/State _____ Zip code _____ Country _____

Telephone # _____ Email _____

Instructions - Please read carefully

Complete requirements #1 through #5 and additional information requested on reverse side. After you have completed all requirements, sign and submit this form by February 1, 2017 to:

**Admissions Office
Springfield Technical Community College
One Armory Square – PO Box 9000
Springfield, MA 01102-9000**

**All requirements must be completed.
Upon receipt, your admission requirements will be reviewed for completion, and notifications regarding your application status will be mailed out in early April, 2017.**

****All admission requirements for the Nursing program have been completed, as indicated on the reverse.**

Student's signature _____ Date _____

Admission Requirement	Directions: Check when completed and circle answer where applicable
#1 STCC College application, with a request for a Nursing Major OR a Change of Major form, if you are already enrolled at the College.	Check only one: <input type="checkbox"/> Application for Admission submitted Online <input type="checkbox"/> Change of Major form submitted (for current enrollees)
#2 Official High School Transcript, HiSET or GED.	<input type="checkbox"/> Official proof provided
#3 Math Requirement: Completion of Algebra 2 (grade 80+), a STCC placement exam, or a higher level math course (grade of 77+) within the last five years.	Check only one: Completed... <input type="checkbox"/> Algebra 2 with grade ≥ 80 <input type="checkbox"/> placement exam at Alg. 2 level <input type="checkbox"/> higher level math course (grade ≥ 77) within last five yrs.
#4 TEAS test (not older than 3 years old)	<input type="checkbox"/> Hard copy provided <input type="checkbox"/> Year Taken Score: _____
#5 TOEFL (if applicable)	<input type="checkbox"/> Hard copy provided Score: _____ <input type="checkbox"/> Not Applicable

Additional Information Requested:

Fill in the following information regarding General Education requirements for the Nursing Program.

College Course (Course work must be completed to be considered)	Grade	Year Completed	Completed at STCC (yes/ no)	Transferred (yes/ no) & (list college completed)	If transferred Official Transcript Submitted? (yes/ no)
Eng Comp I					
Gen Psych					
Growth & Dev					
A&P I					
A&P II					
Eng Comp II					
Sociology					
Microbiology					
Elective(specify)					

Information Requested – circle response	Directions: Fill in the blank
Do you have any previous patient care experience: Yes or No If yes, does your experience involve: direct patient care or indirect patient care	If yes, Position: _____ Have you provided a letter from your employer? ____ (Y / N)
Do you have a previous college degree Yes or No	If so, identify year, college, and course of study: _____ _____