

# Practical Nursing Program Spring 2025 Application Return to: nursing@sccnc.edu

#### **Practical Nursing - Spring 2025 Application**

Incomplete applications will not be processed.

#### \*\*Save the date\*\*

Mandatory Nursing Orientation for admitted students will be Saturday, November 9, 2024 from 8:30 am- 5:00 pm.

Demographic Informa	tion:							
First Name	MI	I Last Name SC			C Student ID#			
Phone		mail						
Mailing Address			City	State 2	Zip Code			
I have reviewed the Stu	udent Readin	ess Checklist and me	et all minimum require	ments to apply.				
Nurse Aide I Listing:								
I am listed on the NC N	urse Aide regi	stry, and my listing wi	Il be current at the time	of admission.				
Upload or a	tach your acti	ve NC Nurse Aide Re	gistry listing documenta	tion.				
Last 4 of SSN: Expiration Date:								
TEAS Exam:								
Applicants must complete the of 59.0% overall prior to the					e score			
Test date:				Number of times taken:				
Educational Informat	ion:							
High School Attended:				Graduation Date	ı:			
Highest Grade Level Achieve	ed:							
GED or Equivalent: High S	chool Diploma:	Associates Degree:	Bachelors Degree:	Masters Degr	ee:			
Previously Enrolled in any Unde	ergraduate Nurs	sing Programs: No	Yes IF YES, COM	IPLETE THE INFO	RMATION BELOV			
Name of College Attended:			Program	attended: ADN	LPN			
*Please note any student that Community College must provi								

Dean may email the letter to the Director of Nursing at Southeastern Community College at: jessica.hill@sccnc.edu

the nursing program in good standing with no issues related to safety or gross negligence in the clinical setting. The Director/



**Current CUMULATIVE GPA:** 

Course

**ENG 111** 

**ENG 112** 

or the Administrative Assistant for Nursing, located in R Building.

**Enrolled** 

Complete

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Name of College or University

### **Cumulative GPA / Pre-Nursing Coursework Completed:**

Grade

Please provide the information below for all completed equivalent courses from Southeastern Community College and any other institutions you have attended. Please indicate if you are currently enrolled in a course this semester.

Number of times taken and withdrawn

• Students applying for the nursing program must have a cumulative GPA of 2.5 or higher.

Semester/Year

 GPAs for applicants without an SCC GPA will be determined by averaging the cumulative GPAs from all previously attended college/university transcripts.

			PSY 150									
			PSY 241									
			BIO 163									
			BIO 168									
			BIO 169									
			PHI 240									
			ACA 122									
			NUR 117									
	SCC Ge	neral A	dmission	s Info	ormation:							
	Have you co	mpleted ar	nd updated t	he SCC	Admissions Applica	tion and b	een admitte	ed? Yes	N	0		
Have you completed the Online Residency Determination and received a RCN (www.ncresidency.org)? Yes No												
Pleas note, an updated SCC Admissions Application and Residency Determination needs to be completed prior to this application.												
Application Agreement:												
I am applying for admission to the Spring 2025 Practical Nursing Program offered at Southeastern Community College. I am aware that Orientation on Saturday, November 9, 2024 is mandatory for all admitted students. By submitting this application, I agree that I have read the Student Readiness Checklist and meet the minimum requirements listed. I have attached all required supporting documentation and submitted all official transcripts to the SCC Registrar. I certify that all information provided is true and accurate to the best of my knowledge. I further acknowledge that misrepresenting information required for entry into the program can lead to dismissal from the program if I am admitted.												
	Signature o	of Applican	nt:			Da	te:					
	*Please make an appointment to meet with your Nursing Advisor if you have questions regarding the application process prior to submission.											

\*Return completed applications, along with supporting documentation, to nursing@sccnc.edu OR hand deliver to your assigned Nursing Advisor