

## Associate Degree Nursing Program Fall 202) Application Return to: nursing@sccnc.edu

## **Associate Degree Nursing - Fall 202) Application**

Incomplete applications will not be processed

\*\*Save the date\*\*

Mandatory Nursing Orientation for admitted students will be *Friday, June 20* and *Friday, July 18, 2025* from 9:00 a.m. - 4:00 p.m.

Demographic Information:									
First Name	MI	Last Name	·	SCC Student ID#					
Dhana		Fmail							
Phone		Email							
Mailing Address			City		State	Zip			
I have reviewed the student readiness checklist and meet all requirements to apply.									
Nurse Aide I Listing / LPN Licensure:									
☐ I am listed on the NC	Nurse Aide	registry, and my listin	g will be current at	the time of adm	nission.				
Upload or attach your active NC Nurse Aid Registry listing documentation									
Last 4 of SSN: Expiration Date:									
Maintain a current unencumbered license to practice as a LPN in North Carolina  Upload or attach your active license to practice as a LPN in North Carolina									
Licens	e Number:	Expiration Date:							
TEAS Exam:									
Applicants must complete the TEAS (Test of Essential Academic Skills) exam with a minimum composite score of 59.0% overall prior to the submission of this application. Scores are only valid for 2 years.									
Test date:		TEAS Score:		Number of t	imes taker	1:			
Educational Informat	ion:								
High School Attended:	Graduation Date:								
Highest Grade Level Achie GED or Equivalent: High Scl	eved: nool Diploma:	Associate Degree:	Bachelors Degree:	Masters Degr	ree: D	octorate Degree:			
Previously Enrolled in any Undergraduate Nursing Programs: Yes No IF YES, COMPLETE THE INFORMATION BELOW									
Name of College Attended:			Pro	gram attended:	ADN	LPN			
*Please note any student that has previously been enrolled in a nursing program at any college other than Southeastern Community									

\*Please note any student that has previously been enrolled in a nursing program at any college other than Southeastern Community College must provide a letter from the Dean/Director of the program. The letter must state that the student has exited the nursing program in good standing with no issues related to safety or gross negligence in the clinical setting. The Director/Dean may email the letter to the Director of Nursing at Southeastern Community College at: Jessica.Hill@sccnc.edu



**Current cumulative GPA:** 

Enrolled

Credit for

Complete

## Associate Degree Nursing Program Fall 2025 Formal Application Return to: nursing@sccnc.edu

Name of College or University

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

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.

Applicants must have a cumulative GPA of 2.5 or higher.

Grade

Semester/Year

 GPAs for applicants who have never taken any courses at SCC will be determined by averaging the cumulative GPAs from all previously attended college/university transcripts.

Number of times taken or withdrawn

 GPAs for students who have taken any courses at SCC will be determined by the SCC cumulative GPA.

		ENG 111									
		ENG 112									
		PSY 150									Π
		PSY 241									
		BIO 168									
		BIO 169									
		ACA 122									
		PHI 240									
		NUR 117									
SCC Ge	neral Adr	nissions	Inform	nation:							
Have you co	ompleted an	ıd updated th	he SCC	Admissions Applic	ation and	been admi	tted? Yes	No			
Have you completed the Online Residency Determination and received a RCN (www.ncresidency.org)? Yes No											
Please note, an updated SCC Application and Residency Determination needs to be completed prior to this application.											
Applicat	tion Agre	ement:									
	<u> </u>										
I am applying for admission to the Fall 2025 Associate Degree Nursing program at Southeastern Community											
College. By submitting this application, I agree that I have read the <b>Student Readiness Checklist</b> and meet the requirements listed for entry into the program and have attached all required supporting documentation. I certify											
that all information provided is true and accurate to the best of my knowledge. I further acknowledge that											
misreprese	enting info	rmation re	quired	for entry into the	e prograr	n can lea	d to dismiss	sal if I am	admitte	d.	
Signature o	of Applicant	t:			D	ate:					
*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 <a href="mailto:nursing@sccnc.edu">nursing@sccnc.edu</a> OR hand deliver to Renee Long,  Administrative Assistant of Nursing and Healthcare Training, located in "R" Building.											
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