





Student Forms

-  Student Forms
-  General Forms ▾
-  Admissions and Records ▴
- Registered Nursing Application**
- Biomanufacturing Application
- Update a Saved A&R Form
-  Veterans Education ▾



Application : Associate Degree Registered Nursing Program

Form ID 212388

Student Information

Student ID 07291110

Name Rannosaurus Rex,Ty

*Term

Spring 2024

Select Term First

Contact Information

Address Line 1 1234 Dinosaur Lane

Address Line 2

City Jurassic Park

State CA

Postal Code 92056

Telephone 760/757-2121

Email Address trex@miracosta.edu

[Update Email](#)

[Update Address](#)

In the event that we are unable to reach you based on the information we have on file, whom do you authorize us to contact to obtain your up-to-date phone number, mailing address and/or email address? We will identify ourselves as part of MiraCosta's Nursing and Allied Health program, but will not share any additional information with this person.



Student Information

Student ID 07291110

Name Rannosaurus Rex,Ty

*Term ▼

Contact Information

Address Line 1 1234 Dinosaur Lane

Address Line 2

City Jurassic Park

State CA

Postal Code 92056

Telephone 760/757-2121

Email Address trex@miracosta.edu

[Update Email](#)

[Update Address](#)

In the event that we are unable to reach you based on the information we have on file, whom do you authorize us to contact to obtain your up-to-date phone number, mailing address and/or email address? We will identify ourselves as part of MiraCosta's Nursing and Allied Health program, but will not share any additional information with this person.

Contact Person

Contact Email

Contact Phone Number

Prerequisites and Coursework

The courses used in this application are still subject to evaluation and approval by the College for completion of the associate degree.

Minimum required **science GPA of 2.5 with no grade less than "C" for each course, and no more than one repetition for a substandard grade or withdrawal** is required to apply.

12 rows

Course ↑↓	Class Description ↑↓	Units ↑↓	Year Completed ↑↓	School Name ↑↓	Grade Received ↑↓
1 Bio 210 or equivalent		0.00		MiraCosta College	
2 Bio 210 Lab, if graded separately		0.00		MiraCosta College	
3 Bio 220 or equivalent		0.00		MiraCosta College	
4 Bio 220 Lab, if graded separately		0.00		MiraCosta College	
5 Bio 230 or equivalent		0.00		MiraCosta College	
6 Bio 230 Lab, if graded separately		0.00		MiraCosta College	
7 English 100 or equivalent		0.00		MiraCosta College	
8 Math 64 or equivalent		0.00		MiraCosta College	
9 Communications/Speech - any course		0.00		MiraCosta College	
10 Sociology/psychology - any course		0.00		MiraCosta College	

Colleges and Degrees

Enter **all** colleges, (including MiraCosta College) that you previously attended and any degree awarded. If no degree was awarded, enter N/A under Degree. Insert as many rows as necessary for a complete history of your higher education. Official transcripts must be sent directly from each institution to MiraCosta's Admissions and Records Office before your application can be evaluated. MiraCosta accepts official transcripts from other institutions by mail or electronically.

Official AP scores must be sent from the [College Board](#) to the Admissions and Records Office before your application can be evaluated.

Email address: transcripts@miracosta.edu

Mailing Address: MiraCosta College, 1 Barnard Drive, MS 10A, Oceanside, CA 92056

1 row					
	*School Name ↑↓	*Year From ↑↓	*Year To ↑↓	Degree ↑↓	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Insert A RowDelete A Row</div>

Life Experience or Special Circumstances

Are you currently or have you ever been enrolled in another Nursing Program?

☐ No

Other nursing school attended

Were you employed (in any field) while completing the prerequisite coursework?

☐ No

Do you have work or volunteer experience specifically in Health Care in the last 3 years?

☐ No

Do you have a documented disability?

☐ No

Your Military Status

Corpsman, Medic or other health specialty? ☐ No

Your Military Dependent Status

Do you consider yourself economically, socially, or educationally disadvantaged? This may include being a current or former **foster youth**, **DACA** recipients, **AB540** students, **low family income**, **first generation** college attendees, **refugee** status or other circumstances. Choose all that apply.

Students with low family income are those that are or have been eligible for the California College Promise Grant, which is noted on your financial aid offer letter.

If you consider yourself disadvantaged, submit verification of prior experience in the EOPS program or a personal statement regarding your experience. Your personal statement may be uploaded as a file at the end of this application, or you can type directly into the box below. You can expand the text box to type your statement by dragging the bottom right corner of the field.

EOPS Program Participant ☐ No

Low Family Income ☐ No

Are you the first person in your immediate family to attend college? ☐ No

Any recent difficult personal or family circumstance? If yes, please describe

Additional Information

Current Allied Health Certificate ☐ No

College-level courses in languages other than English, including ASL ☐ No

Language courses completed

Test of Essential Academic Skills

Enter all **Test of Essential Academic Skill (TEAS)** tests you have taken.

1 row

*Test Date ↑↓	*TEAS Score ↑↓	*Test Version ↑↓	Insert A Row	Delete A Row
1 <div><div></div><div></div></div>	0.00		<div>+</div>	<div>−</div>

Save or Submit

Click **Save** if you would like to continue working on this application.
Click **Submit** once you have completed the application and attached all required documents.
Please Note: Once you click “Submit” you will no longer be able to edit or add documents to your application.

File Attachments

Check the Action Items section below for any required documents before submitting your application. If any documents are listed, they **must be attached to this form before submission.**
If all required documents are not attached, your application is incomplete and **will be rejected.**
Documents must be in PDF format ONLY. We cannot accept pictures from mobile devices, some of which use a non-standard format unreadable by our system.

1 row

Attachment Required	Action	File Type ↑↓	File Name ↑↓	Delete
1 <div><div></div><div></div></div>	<div>Upload</div>	Supporting Documentation		<div>Delete</div>

Add

Action Items

1

0.00

+

-


Save or Submit

Click **Save** if you would like to continue working on this application.
Click **Submit** once you have completed the application and attached all required documents.
Please Note: Once you click "Submit" you will no longer be able to edit or add documents to your application.

File Attachments

Check the Action Items section below for any required documents before submitting your application. If any documents are listed, they **must be attached to this form before submission.**
If all required documents are not attached, your application is incomplete and **will be rejected.**
Documents must be in PDF format ONLY. We cannot accept pictures from mobile devices, some of which use a non-standard format unreadable by our system.

1 row

Attachment Required	Action	File Type ↑↓	File Name ↑↓	Delete
1 	<div>Upload</div>	Supporting Documentation		<div>Delete</div>

Add

Action Items

1 row

Acknowledgement	
1 <input type="checkbox"/> No	Attach score report(s) from all TEAS exams and request ATI to send official scores to MiraCosta.

Save

Submit