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Student ID 07291110

Name Rannosaurus Rex, Ty

*Term Spring 2024 V

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

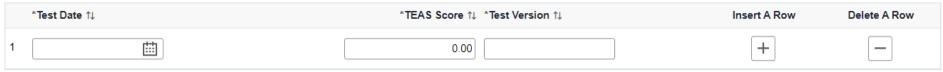
					1 row
*School Name ↑↓	*Year From ↑↓	*Year To ↑↓	Degree ↑↓	Insert A Row	Delete A Row
1				+	
Life Experience or Special C	Circumstances				
Are you currently or have you ever been enrolled in another Nursing Program?	No				
Other nursing school attended					
Were you employed (in any field) while completing 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	Unknown/Decline to Sta ➤				

Corpsman, Medic or other health specialty?	No No		
Your Military Dependent Status	Unknown/Decline to Sta ✔		
being a current or former foster y	ically, socially, or educationally disadvantaged? This may include outh, DACA recipients, AB540 students, low family income, first fugee status or other circumstances. Choose all that apply.		
Students with low family income a Promise Grant, which is noted on	are those that are or have been eligible for the California College 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 No		
Low Family Income	□ No		
Are you the first person in your immediate family to attend college?	No No		
Any recent difficult personal or family circumstance? If yes, please describe			
Additional Information			
Current Allied Health Certificate	No No		
College-level courses in languages other than English, including ASL	□ No No		
Language courses completed			

Test of Essential Academic Skills

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

1 row



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.

Attachment Required

Action File Type ↑↓ File Name ↑↓ Delete

1 ①

Upload Supporting Documentation

Delete

Action Items

