

NURSING

APPLICATION FOR ADMISSION



APPLICATION DEADLINE DATES:
Fall (August) Admission – May 15th
Spring (January) Admission – September 15th



**CURTIS L. IVERY
DOWNTOWN CAMPUS**
1001 W. Fort St.
Detroit, MI 48226
313-496-2758



DOWNRIVER CAMPUS
21000 Northline Rd.
Taylor, MI 48180
734-946-3500



EASTERN CAMPUS
5901 Conner St.
Detroit, MI 48213
313-922-3311



NORTHWEST CAMPUS
8200 W. Outer Drive
Detroit, MI 48219
313-943-4000



TED SCOTT CAMPUS
9555 Haggerty Rd.
Belleville, MI 48111
734-699-7008



**MARY ELLEN STEMPFLE
UNIVERSITY CENTER**
19305 Vernier Rd.
Harper Woods, MI 48225
313-962-7150

Nursing Program Application Criteria

Applicants must complete a **minimum of 12 credit hours** at WCCCD prior to applying to the program. Additionally, students will need to complete all of the following steps to be considered for admission:

TIME SENSITIVE DOCUMENTS

- Reference Letters.** Typed, signed and dated reference letters are required. If you are employed, submit one job reference and one personal reference from an individual who knows you well but is not a relative. If you have not been employed in recent years, submit two personal references. Letters that will not be accepted include: letters from WCCCD faculty or staff; electronic signatures, hand-written, faxed or copied letters.
(Reference letters must be dated within 60 days of final application submission.)
- Attendance at “Information Meeting”** Students must obtain an original “Information Meeting Verification Form” which is **valid for one year from date of attendance. Date Attended** _____.
- Entrance Exam Scores Taken at WCCCD Only**
 - HESI A2** entrance exam scores. **(Scores are valid for 2 years from date test was taken.)**
 - Minimum score of 80% in each scored area: Math, Reading, Anatomy and Physiology.**

REMAINING SUPPORTING DOCUMENTS

- Official Transcript(s)** from all colleges previously attended must be submitted to the District Records Office, 801 W. Fort Street, Detroit, MI 48226. For timely evaluation to occur your transcripts must be received by the records department prior to application submission.
- Official WCCCD Transcript must be submitted before admission into the program.**
- Pre-Requisite Courses.** Courses completed with a grade of “C” or better verifiable by official transcript(s) and must be completed prior to applying to the program:

ENG 119	English I	3 Credits
BIO 155	Introduction to Biology	4 Credits
BIO 240	Human Anatomy and Physiology I	4 Credits
BIO 250	Human Anatomy and Physiology II	4 Credits
BIO 295	Microbiology	4 Credits
ALH 105	Medical Math	3 Credits
	Pre-Requisite Total	22 Credits

- ESSAY.** Submit a typed 500 to 1,000 word essay describing, **“How I plan to be successful in completing the Nursing Program”**. Essay must be signed and dated.
- High School Diploma OR High School Transcripts OR Certified GED** showing date of completion. If international transcript, access “International Students” link on WCCCD home page for admission requirements.
- Complete** Nursing Program Application. Application must be signed and dated.

Please Note: 1) Eligibility to sit for the NCLEX-RN is determined solely by the Michigan Board of Nursing. Upon successful completion of the nursing program, the Michigan Board of Nursing will obtain a new, separate criminal background check, including fingerprinting from an authorized agency, and drug screen. Conviction of a felony or misdemeanor may preclude eligibility for licensure. For more information, visit the Michigan Board of Nursing website at www.michigan.gov/lara/.

2) Students are expected to perform the Essential Functions or performance standards of the Nursing Program (communication, mobility, motor skills, hearing, visual, tactile senses, problem solve/critical thinking, emotional stability, perform if taking medications). Inability to perform the functions may preclude successful completion of the Nursing Program. Students are responsible for formally seeking services through ACCESS if supportive services are needed (www.wcccd.edu).

STUDENTS HOLDING A BACHELOR DEGREE, PLEASE CONTACT NURSING ADMINISTRATION

NURSING ENTRANCE EXAM TAKEN AT WCCCD ONLY:

HESI A² Entrance Exam: _____
DATE TAKEN MATH SCORE READING SCORE A/P SCORE

1.) Minimum Scores = 80% required for each area. 2.) Scores are valid for 2 years from date test is taken.

PERSONAL HISTORY

SEX: Male Female BIRTH DATE: Month _____ Day _____ Year _____

- | | | |
|--|---|--|
| <input type="checkbox"/> African-American (Non-Hispanic) | <input type="checkbox"/> Hispanic: Puerto Rican, Mexican-American, Cuban and other Cultures | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian/Alaskan Native | | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Caucasian (Non-Hispanic) | <input type="checkbox"/> Arab | <input type="checkbox"/> No response |
| <input type="checkbox"/> Asian/Pacific Islander | | |

Is English your second language? Yes No

If yes, what is your primary language? _____

This section is optional and will not be considered in determining admissibility. Federal regulations do require WCCCD to report this.

DISABILITY STATUS OR SPECIAL NEEDS

Persons with special needs or disability conditions are encouraged to visit with Campus Access College Careers and Educational Support Services (ACCESS) personnel to learn about available services and facilities. If you have a disability that would impede your access to some campus buildings and with assistance, please check here:

This section is optional and will not be considered in determining admissibility. Federal regulations do require WCCCD to report this.

I certify that all the information on this form is complete and accurate. I understand that falsifying any part of this application may result in cancellation of admission or registration or both. If admitted to the Nursing Program at Wayne County Community College District, I will become knowledgeable about Nursing Program and College rules and regulations and will abide by them. Unprofessional conduct may/will result in application rejection and or dismissal from program.

Student's Signature: _____ **Date:** _____

ELECTRONIC FORM: By typing your name in the form field above, you acknowledge this text serves as your signature.

NOTE: Use Adobe Acrobat Reader to complete and submit this form electronically. Download Adobe Acrobat Reader get.adobe.com/reader/
Email form to HealthScienceAdmissions@wcccd.edu **OR** mail completed form to:
Provost Health Sciences • Wayne County Community College District • 8200 West Outer Drive, Detroit MI 48219