

GRAYSON COLLEGE
DR. MARY MOSES CENTER FOR HEALTH SCIENCES
APPLICATION FOR ADMISSION
Associate Degree Nursing Program

Information must be TYPED! Please complete each section for your application to be considered.

Date Applied: _____ Desired Entry Semester / Year: _____

SSN: _____ GC Student ID: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address
Street: _____ City: _____ County: _____ State: _____ Zip Code: _____

Telephone 1: _____ Telephone 2: _____

Viking Email Address: _____

Personal Email Address: _____

Current Employer (If employed as PCT or CNA): _____

Job Title (PCT or CNA): _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

The information you submit on this application is used for the Board of Nursing. If this information is to change during the application process it must be sent to nursing@grayson.edu with subject line: **BON Information Change**

The email address that you provide to the Board is required in order to schedule fingerprinting for your criminal background check.

The email address that you provide to the Board is subject to release to the public pursuant to the Texas Public Information Act.

Submit application and required documents to: nursingadmissions@grayson.edu

Note: With respect to the admission and education of students; with respect to the availability of student loans, grants, scholarships and job opportunities; with respect to the employment and promotion of teaching and non-teaching personnel; and with respect to the student and faculty activities conducted on the premises owned or occupied by the College, Grayson College shall not discriminate either in favor of or against any person on account of race, creed, color, gender, national origin, age, religion, or disability. GC does not discriminate on the basis of sex in the educational programs or activities it operates. Inquiries concerning the application of Title IX and its implementing regulations may be referred to the Title IX Coordinator or to the Office of Civil Rights. Title IX Coordinator is the Vice President of Student Services.

Grayson College
Associate Degree Nursing Program (ADN)
VERIFICATION STATEMENT

Name: _____

I acknowledge that I have read and understood the following information regarding application eligibility requirements, selection, and acceptance into the Grayson College Associate Degree Nursing Program:

Degree Plan

Physical & Mental Capabilities

Clinical Participation Eligibility (Criminal Background Check)

Eligibility for Licensure

Technology Requirements

Transcripts & Academic Requirements

Admissions Assessment Exam Requirements

Required Immunizations & Health Documents

Selection Process & Point System

Final Acceptance Requirements

Deadlines and Important Dates/Mandatory Events

COVID-19 Information

The COVID-19 pandemic continues to evolve and the Nursing Program wishes to make you aware of some important information:

- The program will adhere to all college policies and clinical agency policies regarding COVID-19.
- Please note that the method of delivery of courses (i.e. face-to-face, hybrid, online) and clinical experiences may have to be adjusted, up to and including, the possibility of cancellation.
- Course calendars/due dates may have to be adjusted based upon changing situations and availability of classrooms, lab space, and/or clinical rotations.
- In order to meet the program's outcomes, you will be required to participate in clinical activities at healthcare facilities. Participation in these activities may result in a possible exposure.
- On-campus time may be required in order to complete certain testing, lab objectives, and/or clinical objectives.
- Face masks/face coverings may be required while conducting on-campus activities or clinical activities.
- It is highly recommended that you purchase a webcam/microphone or computer device with a built-in webcam/microphone in the event that coursework and/or method of delivery must change due to circumstances related, but not limited to, COVID-19.

The Nursing Department will reach out regarding student requirements and if/when any changes are implemented. Please frequently monitor your GC Viking email and Canvas course announcements.

Signature: _____ Date (mm/dd/yyyy): _____

Please submit this form with your Application

Grayson College
Associate Degree Nursing Program (ADN)
Applicant Check List

Name: _____

Application to Grayson College

Conditionally or Fully Admitted to Grayson College

All transcripts of each college attended submitted to Grayson College and/or with application to the Nursing Program

Application to Grayson Nursing Program

Completion of prerequisite courses (AP I, AP II AND Math requirement)

Completion and submission of Admission exam scores

Submission of CNA or PCT documents if applicable (course certificate or job description, healthcare employment verification)

Submission of Employment Verification Letter if applicable

Started Immunizations in time to complete them by the first day of class

Will submit a copy of my blue card or BON eligibility documents to nursing once they are received

Documents should be uploaded to nursing@grayson.edu

Notes:

Signature: _____ Date (mm/dd/yyyy): _____

Please submit this form with your application.