



# Associate of Science in Nursing Program Application | Fall 2020/Spring 2021

Please select only ONE program admission cycle:

- Fall 2020** application deadline is April 1, 2020. Students will be emailed their admission status by June 1.
- Spring 2021** application deadline is November 1, 2020. Students will be emailed their admission status by Dec 1.

Completion of this application provides the information necessary to be considered for full admission to the Minneapolis College Associate of Science in Nursing program. Incomplete applications will not be reviewed. Submit this application in one of these ways by the deadline date:

- Scan the completed signed application and submit as an email attachment to [admissions.office@minneapolis.edu](mailto:admissions.office@minneapolis.edu)
- Mail (**must be postmarked by the application deadline**) to:  
Minneapolis Community & Technical College  
Nursing Admissions T. 2500  
1501 Hennepin Avenue  
Minneapolis, MN 55403

Questions about the Nursing program application? Please review information online at [Minneapolis.edu/Nursing](http://Minneapolis.edu/Nursing) or contact your Minneapolis College advisor.

## Student Information (Please Type or Print Clearly)

LAST NAME, FIRST NAME      MIDDLE NAME

Minneapolis College 8 Digit Student ID Number

Star ID

**Minneapolis College Student Email Required** | *\*All communication will be via email. Make sure you have activated your student account.*

Please [log into eServices](#) and verify your Account Information (phone number, mailing address, personal email address) are correct.

## Application admission criteria, please read and initial your understanding after each statement

I have read the following statements, and by initialing, They are true, and I understand and agree:

- I have a TEAS score of at least 70% taken within the past 2 years, and I have provided Minneapolis College access through ATI. OR I have ordered TEAS transcript through [ati.testing.com](http://ati.testing.com) store if not taken at Minneapolis
- I have completed BIOL 2224/Anatomy or exact transfer equivalent with a grade of B or higher, within the past 3 years
- I have completed ENGL 1110 or 1111/or ENGA 1110 or exact transfer equivalent with a grade of B or hi
- I understand that it is my responsibility to maintain **current contact information** on file with Minneapolis College by updating eServices, or submitting changes to the Records Office. Failure to do so may result in delay or failed delivery of pertinent information relevant to my nursing program application.

- I understand that if I have a Financial Hold, Academic Suspension, or Disciplinary Suspension at any college/university, I must resolve this matter **before** applying to the Nursing program. [REDACTED]
- I understand that if admitted, I must submit a **background study authorization** and must have a **clear criminal background** check to be allowed to participate in the Nursing program. [REDACTED]
- I understand that if admitted, I must be available **Monday – Friday** for clinical and Nursing program coursework. [REDACTED]
- I understand that if I am accepted into the Nursing program, I must complete and return the Acceptance Form and the \$100 Deposit by the deadline specified in the acceptance letter, or I will forfeit my admission. [REDACTED]

I hereby certify that the information provided on this application form and in all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of applicant information is sufficient grounds for denying or canceling admission. I have read and understand the Minneapolis College nursing program information, admission requirements, and the application procedures as outlined.

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that the Minneapolis College nursing program is a selective admission program and that admission is highly competitive. I understand that even if I meet the minimum admission requirements to the program this only guarantees that I will be considered for admission to the program. I also understand that there may be more qualified applicants than available space in the program. I understand that even if I meet or exceed the minimum admission requirements to be placed into the candidate pool for admission, I am not guaranteed admission to the program.

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Information Release**



I authorize Minneapolis Community and Technical College and Augsburg University to exchange information as part of the dual admission program. I understand this release includes but is not limited to my application for admission, academic records, and financial records at both institutions. The above information will be released with my full consent. I understand that the information that will be released is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or the federal Family Education Rights and Privacy Act. I understand that by signing this informed consent form that I am authorizing Minneapolis Community and Technical College and Augsburg University to exchange information which would otherwise be private and not accessible to Augsburg. I understand that this authorization remains in effect from today through my graduation or my withdrawal from Minneapolis Community and Technical College. It will be necessary to send a written letter to revoke this authorization.

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Nursing program at Minneapolis College is approved by the Minnesota Board of Nursing and is accredited by the Accreditation Commission for Education in Nursing (ACEN, [acenursing.org](http://acenursing.org)), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326

*Minneapolis Community and Technical College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, gender identity, gender expression, or familial status. In addition, discrimination in employment based on membership or activity in a local commission as defined by law is prohibited.*