STUDENT NAME/DATE		2024-25 /	۱Y
-	ESCC PN Application	Checklist	
Completed ESCC Application for General Admissio			
the Practical Nursing Program Office has received y application is submitted and request is made befor	your application prior to the detection to the deadline by emailing ap		ıt
	· · · · · · · · · · · · · · · · · · ·	Iline. Hand delivered applications will not be accepted.	
transcripts will NOT be accepted as replacement fo considered as official.  Official transcripts are not considered as "received" Records Office and verify that transcripts have been	or official transcripts from EAC " until they have entered the learned the learned of the Records Of	before the deadline. Transfer credit listed on other college H college. Faxed and hand-delivered transcripts are not   ESCC Records Office. It is your responsibility to check with fice before the application deadline.   O 201, BIO 202, ENG 101, & SPH106/107 with a score of "C"	or
<u>Unofficial</u> transcripts from EACH college attended	must be attached to this prog	gram application by the posted deadline.	
Unconditional admission to the colleg	e.		
If you are enrolled in classes at another institution admissions receives your final transcript. Upon contranscript to admissions.			
Meet minimal admission requirements for applica	tion to nursing program. (Liste	ed in this application)	
Current class schedule must be attached if current currently attending must be in Records Office before	-	an ESCC. Latest "In-progress" transcript from college you are	
	on will be considered incomp	t maintain ability to meet essential functions for nursing with lete without applicant's answer regarding ability to meet admission to program.	
	•	s of the application deadline AND results uploaded to this	
		but not limited to: CCMA, CMA, CNA, PCT, or paramedic	
of Education (USDE) and/or the Council for Higher Ed	ducation Accreditation (CHEA) ation. The program must rewa completed from the Dean or	g program that is approved by the United States Department with a minimum 560 academic contact hours and 160 hour's and a diploma, certificate, or an associate's degree. You must Director of the previous medical assisting program.	
If you have previously been admitted to, but failed return to the previous program. The letter must be The letter must be from the Dean or Director of the	e submitted with your PN pro	ng program, you must submit a letter stating you are eligible to gram application packet.	5
NAME	DATE	MEETS REQUIREMENTS	
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