

## Odessa College Nursing Program Application for Admission

**Indicate which program(s) you are applying to:**  
 Traditional LVN   
 Dual Credit LVN   
 Traditional ADN   
 LVN-RN Transition ADN

**Applicant Information:** TYPE ONLY

**Name** (*As it appears on Driver's License*): \_\_\_\_\_

\_\_\_\_\_

*Last Name* *First Name* *Middle Name*

**Date of Birth** \_\_\_\_\_ **U.S. Citizen** (yes/no) \_\_\_\_\_

**Address:** \_\_\_\_\_

*Street* *City* *State* *Zip*

**Mailing Address:** *if different from above:* \_\_\_\_\_

**OC E-Mail:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_

**Other Name(s) on Transcript:** \_\_\_\_\_

*Last* *First* *Middle*

**Phone Number** *with Area Code*

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

*Name* *Relationship* *Phone Number (s) with Area Code*

**Educational Background: High School/GED**

Name of School	Location	Dates Attended	Date Conferred

**College/University: List most recent first; list ALL attended**

Name of School	Location	Dates Attended	Maj. Course of Study	Degree Earned/Date

**Have you previously applied to our programs**    Y            N

**If so, list which program and date of application:** \_\_\_\_\_

**Are you currently or have you ever served in the military**    Y            N

*dates:* \_\_\_\_\_

**For RN applicants: Are you an OC LVN graduate**    Y            N

*date of graduation:* \_\_\_\_\_

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**For LVN applicants: The LVN program is only being taught at the Andrews or Monahans locations. All applications are submitted for both programs. Preference will be given upon geographical locations and special considerations**

**Notice:** Completion of the Nursing Program does not guarantee eligibility to take the licensing examination to become a vocational nurse (PN) or Registered Nurse (RN). Eligibility is determined by the Board of Nurse Examiners for the State of Texas (BNE). Some events, such as having a felony or misdemeanor conviction, including expunged offenses and deferred adjudication with or without prejudice of guilt, pleading no contest to any crime, having unresolved arrest, having pending criminal charges, having action taken against your health care provider license, having certain mental health disorders or a history of substance abuse **MAY** disqualify a candidate for licensure. The Odessa College Nursing Programs have selective admission criteria. Not all candidates who apply are accepted. See the program application resources, advisory or school catalog for further information on admission criteria.

I certify that all the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for program rejection or dismissal.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Odessa College does not discriminate in regard to race, color, age, ethnic/national origin, religion/creed, marital status, veteran status, or disability.**

**Completed applications for the LVN program MUST be submitted to [LVN@odessa.edu](mailto:LVN@odessa.edu)**

**Completed applications for the RN program MUST be submitted to [ADN@odessa.edu](mailto:ADN@odessa.edu)**

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## Odessa College Nursing Transcript Checklist

**ADN Program Applicants:** All ADN applicants must schedule a time to meet with a School of Health & Sciences Academic Success Coach to complete this form prior to application to the nursing program. The Transcript Checklist is a required document that must be submitted to the ADN program.

**LVN Program Applicants:** Students who have successfully completed BIOL 2401 and BIOL 2402 within the past five years with a grade of “C” or higher must schedule an appointment with a School of Health & Sciences Academic Success Coach to request a transcript evaluation. This evaluation will determine eligibility for a course substitution for VNSG 1405 – Health Science.

Use the QR Code to schedule an appointment with an Academic Success Coach.

*\*Success Coaches are the only authorized personnel to complete this form. \**



Applicant Name: \_\_\_\_\_

Nursing Program(s) applying to: \_\_\_\_\_

- Transcript evaluation, if applicable. Students must submit all previous college/university/high school transcripts.
- Enrolled as a current Odessa College student
- Anatomy & Physiology (BIOL 2401)**- must be a “C” or better and taken within 5 years of application. *\*For ADN Applicants: Average of last three attempts will be averaged for application.*
  - Multiple attempts within last 5 years? YES      NO
  - Approved substitution (if applicable):
  - Notes:
- Anatomy & Physiology (BIOL 2402)**- must be a “C” or better and taken within 5 years of application. *\*For ADN Applicants: Average of last three attempts will be averaged for application.*
  - Multiple attempts? YES      NO
  - Approved substitution (if applicable):
  - Notes:

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- Learning Frameworks (PSYC 1300).** \*ENGL 1301 is a pre-approved course substitution.
- Notes:

- Humanities Course Requirement-** Suggested courses: HUMA (1305, 2319 or 2323 )
- Approved substitution (if applicable):
  - Notes:

- Lifespan Growth & Development (PSYC 2314).** \*PSYC 2301 is a pre-approved course substitution.
- Notes:

- Overall GPA:** \_\_\_\_\_  
Multiple college attended: YES      NO

- HESI A2 Scores**
- Minimum Reading score ADN 78% -- LVN 72%
    - Applicant's Score \_\_\_\_\_
  - Minimum Grammar score 78% -- LVN 72%
    - Applicant's Score \_\_\_\_\_
  - Minimum Math score 78% -- LVN 72%
    - Applicant's Score \_\_\_\_\_
  - Minimum A&P score 78%
    - Applicant's Score \_\_\_\_\_
  - Critical Thinking
    - Applicant's Score \_\_\_\_\_

- Attended Information Session:** YES      NO  
Date attended: \_\_\_\_\_

Success Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Nursing Department: \_\_\_\_\_

Nursing Department Personnel Signature: \_\_\_\_\_