

Welcome to Southeastern Technical College

ADMISSIONS CHECKLIST

We want you to be able to begin class on time without any problems. To do that, we need to make sure your admissions and financial aid files are complete. We know prospective students get busy and forget to take time to make sure all their paperwork is complete, but you must take care of these items to begin college:

1. Apply for admission and pay a one-time, nonrefundable fee of \$25.00

Complete the following Nursing application and email completed document to admissions@southeasterntech.edu

2. Apply for Financial Aid

Pick up forms and information on HOPE, PELL, VA, or other financial aid

3. Request transcripts from high school / GED Testing Center and previous college or university

4. Call (912-538-3100) to check and see if required documents have been received / completed

Admissions Office:

- Verify receipt of high school transcript / GED scores
- Verify receipt of college transcript(s)

Financial Aid Office - Failure to receive requested information will result in our inability to award you financial aid

- Free Application for Federal Student Aid (FAFSA)
- HOPE Scholarship/Grant Application

CONSUMER INFORMATION

In compliance with federal law, Southeastern Tech is required to provide all prospective students with the opportunity to request data on crimes committed on our campus and our College safety and security policies. This information can be obtained from the Southeastern Technical College Catalog and Student Handbook on our website. Go to www.southeasterntech.edu, click on the Current Students tab, click on the Catalog & Student Handbook link and then on Campus Security. Prospective students who wish to obtain a copy of this report and who do not have access to the Catalog and Handbook on the Internet may obtain a copy by contacting: Dr. Barry Dotson, Vice President for Student Affairs.


As set forth in its student catalog, Southeastern Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies:

- An individual with disabilities requiring assistance with publications, accommodations or activities of this technical college should contact: Helen Thomas, Director of Student Support Services, ADA/Section 504 - Equity - Title IX (Students) - OCR Compliance Officer, Office 108, PH: (912) 538-3126 • hthomas@southeasterntech.edu
- An individual with questions or concerns about our nondiscrimination policy on the basis of sex in education programs and/or activities should contact: Melanie Walker, Director of Human Resources, Title VI - Title IX (Employees) - EEOC Officer, Office 138B, PH: (912) 538-3230 • mwalker@southeasterntech.edu
- Inquiries concerning the application of these policies and procedures may be directed to the individuals listed above at: Southeastern Technical College, 3001 East First Street, Vidalia, GA 30474 • (912) 538-3100 • 1-800-255-0056 (TDD)

Stay Connected with STC

 twitter.com/stcgeorgia

 on.fb.me/SoutheasternTech

 youtube.com/user/SoutheasternTechColl

ASSOCIATE OF SCIENCE IN NURSING PROGRAM ADMISSION CHECKLIST

Admission into the Associate of Science in Nursing (ASN) (Traditional and Bridge Pathway Options) Program requires a multistep application process. Complete each of the following steps:

New Students

- Apply for admission to STC. Apply online at www.southeasterntech.edu and select ASN or ASN Bridge as your program of study. Once Admissions processes your app the program of study will be changed to Healthcare Management (HCM) Degree or Healthcare Professional so you can be assigned a program advisor.
- Submit official, high school or GED transcripts indicating completion of standard high school diploma or equivalency. We do not accept unofficial copies or official copies that have been opened.
- Submit official, transcripts from all regionally accredited college(s) and/or universities currently attending or previously attended. We do not accept unofficial copies or official copies that have been opened.

All Students

- Meet required 3.0 GPA for prerequisite competitive admission courses.
 - All prerequisite courses (courses without an RNSG prefix) must be successfully completed with a grade of "C" or better.
 - ASN Program prerequisite courses:
ENGL 1101, MATH 1111, PSYC 1101, ENGL 2130, GEN ED ELECTIVE, BIOL 2113/2113L and BIOL 2114/2114L); this will include transfer and repeated classes (taken within the last five (5) years/60 months).
 - BIOL 2113/2113L, BIOL 2114/2114L must be in progress or completed within the last five years and not expire prior to the application deadline-first Thursday in March.

Example:

For Applicants Fall 2024 Cohort

Courses taken in Spring 2019 or more recent will be calculated in your competitive GPA and will be considered valid and NOT expired. Any courses taken prior to Spring 2019 will not be considered in the multiple attempts calculation.

- Complete COLL 1040 and ALMA 1000 with at least a "C" prior to beginning RNSG courses.
- Take the TEAS test: Register for TEAS test at <https://www.southeasterntech.edu/events/>.
 - ASN total TEAS score of 66% or higher is required.
 - TEAS scores will be valid for three (3) calendar years. Students are allowed three (3) total exam attempts to include both the PN and ASN Programs.
 - It is recommended students complete MATH, BIOL, and ENGL courses prior to taking the TEAS exam. Study materials for the TEAS exam are available through Assessment Technologies Institute (ATI) at www.ATItesting.com.
- Submit a Nursing Program Application. An application can be found on the ASN Program Option webpage.
 - Be at least 18 years of age (at the time the student begins the program; RNSG courses).
 - Ensure application is properly completed and you have met all requirements;
 - Keep a copy for records.

- Meet fall semester admissions deadlines.
(Traditional and Bridge Pathway Option)
 - Nursing Application deadline, first Thursday in March.
 - Supporting documentation and verification of course completion deadline, first Thursday in May.

Additional Requirements for the ASN Bridge Pathway Option:

- Submit and maintain proof of unencumbered licensure as a Practical Nurse (LPN) or a Paramedic (EMT-P) to practice in the State of Georgia.
- Complete a minimum of 1,000 employer-verified practice-based hours within the past 12 months and/or have at least three (3) years of full-time experience as an LPN or Paramedic in the last five (5) years - Proof of Employment form found on www.southeasterntech.edu.
- Score of 70% or higher on the ASN Bridge Pathway Competency Exam (within two attempts) **after** achieving Program admission and **prior** to enrollment in program (RNSG-B) courses.
- Attend the scheduled educational session(s) prior to sitting for the ASN Bridge Pathway Competency Exam. Details will be provided online.

❖ *The Nursing Department regularly evaluates the admissions procedures and reserves the right to make changes as the need arises. Speak with a Program Advisor or College Admissions Representative to verify the requirements for submitting a program application by the established deadline. Students are responsible for meeting the current program requirements.*

Please email completed application to: admissions@southeasterntech.edu

PRACTICAL NURSING PROGRAM ADMISSION CHECKLIST

To complete the multistep application process for the Practical Nursing Certificate (PN) Program, you will need to follow these steps.

New Students

- Apply for admission to STC. Apply online at www.southeasterntech.edu and select Practical Nursing as your program of study.
- Submit official, high school or GED transcripts indicating completion of standard high school diploma or equivalency. We do not accept unofficial copies or official copies that have been opened.
- Submit official, transcripts from all regionally accredited college(s) and/or universities currently or previously attended. We do not accept unofficial copies or official copies that have been opened.

Eligibility Requirements: All Students

- Take the TEAS test: Register for TEAS test at <https://www.southeasterntech.edu/events/>.
 - PN total TEAS score of 58.7% or higher is required.
 - TEAS scores will be valid for three (3) calendar years. Students are allowed three (3) total exam attempts.
 - Study materials for the TEAS exam are available through Assessment Technologies Institute (ATI) at www.ATItesting.com.
 - Applicants will be ranked based on their mandatory TEAS test score and additional optional items. In the event of a tie, the TEAS science score will be used as the tiebreaker. See Scoring Sheet below.

PN 21 Admission Worksheet

Criteria	Points
TEAS Score	/100
OPTIONAL: Active Licensure/Certification: Points awarded for one certificate/licensure: Licensure must be active in the state of Georgia and verified through the state registry. · Certified Paramedic · CMA through AAMA · Certified Nursing Assistant · Certified EMT · AMT/ASCP Certification – Phlebotomy	/5
Total Number of Points for Selection	/105

- Complete and submit a Nursing Program Application found on the PN Program webpage at www.southeasterntech.edu.
 - Be at least 18 years of age by the time of the first clinical rotation.
 - Ensure application is properly completed and you have met all requirements.
 - Keep a copy for records.

Meet semester admissions deadlines.

PN

- Practical Nursing Application deadline: Fall Cohort first Thursday in June; Spring Cohort, first Thursday in November. A new cohort is admitted every Fall in Vidalia and every Spring in Swainsboro. An overall TEAS score of 58.7% or better is required for admission.
- Supporting documentation deadline is the last day of the semester prior to program start date.

❖ *The Nursing Department regularly evaluates the admissions procedures and reserves the right to make changes as the need arises. Speak with a Program Advisor or College Admissions Representative to verify the requirements for submitting a program application by the established deadline. Students are responsible for meeting the current program requirements.*

Please email completed application to: admissions@southeasterntech.edu



Office Use Only	
Date Received	Test Date
Receipt No.	

Nursing Application

SECTION 1: Personal Data - Please Print Neatly

Social Security Number		Date of Birth (MM/DD/YY)	
Name: Last, First, Middle - <i>Print your name exactly as it appears on your social security card</i>			
Prior Name			
Mailing Address		City	State
County of Residence		Home Phone	Mobile Phone
Email Address		Work Phone	
		Zip Code +4	

SECTION 2: Statistical Data

(This information is required for purposes of reporting to the federal government, and will not be used in determining admission status)

1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Ethnic / Racial Group. <i>Please select one or more races from the following five racial groups:</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	4. Have you ever been accepted to, and attended, another nursing program? <input type="checkbox"/> PN Program <input type="checkbox"/> ASN Program <input type="checkbox"/> ASN Bridge Program Location _____	5. Did your father graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Did your mother graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION 3: Program Information

1. Student Type: <input type="checkbox"/> Returning Student (previously attended Southeastern or formerly Swainsboro Tech) <input type="checkbox"/> Transfer Student (previously attended another college)	2. Campus <input type="checkbox"/> Swainsboro <input type="checkbox"/> Vidalia	3. Desired Term for Entry <input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Spring 20_____	4. Check the program track for which you are applying: ASN - is offered on the Vidalia campus. An overall TEAS score of 66% or better is required for admission. The application deadline is the 1st Thursday in March. All other prerequisite courses and documents must be submitted by the first Thursday of each May. ASN Bridge - is offered on the Swainsboro campus. An overall TEAS score of 66% or better is required for admission. The application deadline is the 1st Thursday in March. All other prerequisite courses and documents must be submitted by the first Thursday of each May. PN - a new cohort is admitted every Fall in Vidalia and every Spring in Swainsboro. An overall TEAS score of 58.7% or better is required for admission. The Fall app. deadline is the 1st Thursday in June. The Spring app. deadline is the 1st Thursday in November. All other documents must be submitted by the end of the semester prior to the program starting.	5. If you are competing for the ASN Bridge program, please provide one of the following: GA LPN License #: _____ EMT-P License #: _____
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SECTION 4: Residency Information

Are you applying for in-state tuition? If yes, verification documents will be required. Yes No

4A. Are you a U.S. citizen? Yes No *If YES, please go to section 4B.*

If **NO**, are you a resident alien? *Note: a resident alien card (green card) must be presented for tuition consideration.*

<input type="checkbox"/> Yes:	List country of citizenship:		
<input type="checkbox"/> No:	What is your current visa status?	What is your country of citizenship?	What is your country of birth?

4B. Complete only the section below that describes you.

The following information will be used to determine tuition rates and financial aid eligibility. Failure to provide accurate valid information may impact tuition.

<input type="checkbox"/> I am under 24 years old and my parents or guardian claimed me on their most recent tax returns.	<input type="checkbox"/> I am under 24 years old and no one claimed me on their most recent tax return	<input type="checkbox"/> I am 24 years old or older
1. What is your parent/guardian's legal state of residence? _____	1. Have you or your parent(s) lived in the state of Georgia for the last 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you lived in the state of Georgia for the last 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. How long have they lived continuously in the state listed above? _____ Years _____ Months	2. Did you or your parent(s) file income taxes in Georgia last year or this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Did you file income taxes in Georgia last year or this year? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: Educational Data

Educational transcripts and/or GED scores are required for completion of application.

1. Have you graduated from high school? Yes No

If yes , year of graduation:	If no , do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving credits for this class at your high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last level of high school completed:	When will you graduate? _____ Month Year
2. Last high school attended:		City of High School	State of High School	Zip Code of High School

3. List below all colleges which you have attended, beginning with the most recent.

Do not list any institution attended for seminars and/or non-credit (C.E.U.) purposes. Students who do not list each previous institution attended for credit courses are subject to dismissal without refund.

_____	_____	_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution	City, State	Dates Attended	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution	City, State	Dates Attended	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution	City, State	Dates Attended	

4. If you attended another institution, are you in good standing and eligible to re-enroll? Yes No

If you checked No, why?

SECTION 6: Military Information

1. Are you currently active duty, a veteran, a member of the national guard, or a reservist in the U.S. Armed Forces? Yes No

If Yes, please specify:

Active Duty Veteran National Guard Reservist

Branch:

Air Force Army Coast Guard Marine Navy

2. Are you a dependent/spouse of an active duty member, veteran, member of the national guard, or a reservist in the U.S. Armed Forces? Yes No

If Yes, please specify:

Active Duty Veteran National Guard Reservist

Branch:

Air Force Army Coast Guard Marine Navy

SECTION 7: Emergency Contacts

Please list two people we may contact if we need to reach you.

_____	_____
Name	Phone
_____	_____
Name	Phone

Pursuant to O.C.G.A 16-10-20, it is a felony to make a false statement on any document. In addition, making a false statement on this application may result in your dismissal from the college.

AUTHORIZATION: I give Southeastern Technical College permission to contact me at the telephone numbers I have provided via any means, including text message or voice.

I intend to abide by the rules and regulations of Southeastern Tech. By signing and submitting this application and upon my admission to Southeastern Technical College, I understand that my name, quotations, and photographic likeness – including video footage – may be used in all forms of media for advertising, trade, and any other lawful purposes on behalf of Southeastern Technical College or the Technical College System of Georgia and that I will not receive now or in the future any compensation for this usage. I also understand that my name, quotations, and photographic likeness may be gathered from and posted to STC's social media sites and website. I also realize that during my training at STC photographs may be taken of me for use in promoting STC. I give my permission for the release of directory information as defined in the Catalog and Student Handbook. Unless I notify Admissions by filling out a Directory Information Exclusion Form, I give permission for the above to be done.

Applicant's Signature: _____
Name

_____ Date