



Dear Associate Degree Nursing Applicant:

Thank you for requesting an application to the Associate Degree Program at Copiah-Lincoln Community College.

Please find enclosed the application packet for the school year 2025-2026.

Please read and follow all instructions in the packet carefully.

The application packet includes

- ___ Admissions Information Sheet/Program Information Sheet
- ___ Academic Advisement Worksheet for ADN Program Students
- ___ Associate Degree Nursing Application for Admission (**On the Co-Lin ADN Website**)
- ___ Applicant Interview Written Interview Form (**On the Co-Lin ADN Website**)
- ___ Link to the Co-Lin College Application (Online only)
- ___ 2 Reference Forms

The following documents must be submitted as part of the admissions process for the Associate Degree Nursing program:

1. Completed Application for Admission to Copiah-Lincoln Community College (Online only).
2. Submission of 2 copies of official college transcripts from all colleges/universities attended.
(Applicants who are current, or previous Co-Lin students do not have to submit a transcript for Co-Lin)
3. Submission of 2 references on forms provided in the application packet.
Completed reference forms may be returned to the school in two ways:
 1. Mailed directly to Co-Lin using the address below by the person completing the reference form **or**
 2. The applicant may hand deliver to the ADN office or mail each reference in a sealed envelope.
4. Submission of most current ACT composite score. (NOT usually on transcript)
5. **It is the student's responsibility to check with the ADN office (601-643-8413) to verify that all application information has been received and is being processed prior to the application deadline of April 5.**

Mailing Address:

Mail the following items to:

**Co-Lin
ADN Program
P.O. Box 649
Wesson, MS 39191**

- _____ **Official Transcripts** (2 copies)
- _____ **Application for Admission to Copiah-Lincoln Community College**
- _____ **Verification of ACT Composite Scores**
- _____ **Application for Admission to the ADN Program** (**On the Co-Lin ADN Website**)
- _____ **(2) references** on forms provided in the application



Copiah-Lincoln Community College Associate Degree Nursing Program Admissions Information

To be eligible for admission to the Associate Degree Nursing (ADN) Program the applicant must meet the following criteria:

1. The applicant must be a high school graduate or submit passing GED scores to apply for regular admission to the college.
2. **The applicant must apply for regular admission and be accepted by the college and must apply to the nursing program of the college.**
3. The applicant must apply to the nursing program by submitting a completed application packet to the nursing program office during the annual admissions cycle. **Application packets to the nursing program are accepted January 1st to April 5th each Spring. All applications and related paperwork must be complete and on file in the ADN Office by April 5th each year to be considered for a position in the Fall nursing class. The applicant is responsible for ensuring that the application packet is received, accurate, and complete.**
4. All applicants must have a cumulative GPA of 2.50 or higher on a 4.00 scale for all previous college work attempted **AND** have an ACT composite score of 18 or higher. **Submission of an ACT score is required for this program.**
5. All prerequisite courses (Anatomy & Physiology I & II with labs, College Algebra, & Microbiology with lab) must be completed prior to entering the nursing program. Prerequisites must have a minimum grade of “C,” and admissions criteria met by application deadline for an application to be considered. The applicant may be enrolled in final prerequisites at the time of applying.
6. If the applicant is not accepted and is interested in re-applying to the program, a new application must be submitted to the Associate Degree Nursing Program during the annual admissions cycle. A waiting list is not maintained.
7. Selection for the ADN Program is based upon the applicant’s cumulative grade point average on all college work attempted, ACT composite score, references, written interview, and enrollment at Co-Lin (current or previous). Priority is given to in-district residents, out-of-district Mississippi residents, then out-of-state residents. In-district counties are Adams, Copiah, Franklin, Lawrence, Lincoln, Jefferson, and Simpson. All applications are judged on a competitive basis. All applicants are notified by letter or email of their acceptance or non-acceptance into the nursing program. The number of applicants accepted each year is limited to available clinical facilities and available faculty.
8. If accepted, all applicants must participate in drug and alcohol testing, and a criminal history background check with fingerprints (Criminal history complies with MS Code Section 43-11-13(5)(6)(iii)).

Copiah-Lincoln Community College does not discriminate based on race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices. The following offices have been designated to handle inquiries and complaints regarding the non-discrimination policies of Copiah-Lincoln Community College.

Application Forms Check-List Co-Lin Associate Degree Nursing Program

Contact us: adn@colin.edu; 601-643-8413

Nursing Program Application	All applicants must submit a completed Associate Degree Nursing Program Admission Application which can be found on the Co-Lin ADN website.
Official College Transcripts- Co-Lin	Applicants who are current or previous Co-Lin students DO NOT have to submit Co-Lin transcripts; the nursing program office will print your Co-Lin transcripts for your application file.
Official College Transcripts- NOT Co-Lin	Applicants who have taken ANY college course(s) at ANY college/university other than Co-Lin must submit official transcripts to Co-Lin’s enrollment services (college admissions) office. Most transcripts are sent electronically in a pdf format. The applicant is responsible for requesting non-Co-Lin transcripts be sent to Co-Lin. Co-Lin enrollment services: enrollmentservices@colin.edu ; 601-643-8309. Note: If an applicant has previously sent non-Co-Lin transcripts to the college, the applicant does not have to re-submit these if no additional coursework has been taken at that institution.
Official ACT Composite Score	All applicants must submit an official verification of their ACT composite score to the program office. ACT scores can be obtained from your high school transcript or www.act.org ; official ACT super scores are accepted.
Reference Forms	All applicants must submit two references. The reference forms are located in this packet. References should be completed by someone who is familiar with the applicant in the areas on the reference form. References can be emailed to adn@colin.edu (Do NOT email a screenshot of the reference form) or mailed to Copiah-Lincoln Community College, ADN Program, P.O. Box 649, Wesson, MS 39191 or the form may be hand delivered in a sealed envelope by the applicant.
Co-Lin College Application	In addition to application to the nursing program, all applicants must electronically submit an application to the college. The college application is located on the college website www.colin.edu under future students “apply now”, then click “apply now” again. Note: If an applicant is a current Co-Lin student with continuous enrollment, a new application does not have to be submitted. If an applicant is a previous Co-Lin student with a disruption in enrollment, a new application will need to be submitted.
Applicant Interview Written Interview Form	All applicants must submit a completed written interview form which is included with the ADN Admission application.
Applicant Letter of Good Standing- for previous RN program enrollment	IF an applicant has attended another registered nursing program, the applicant must submit a letter of good standing located in this packet from that program as part of the application process. This form can be emailed to adn@colin.edu or mailed to Copiah-Lincoln Community College, ADN Program, P.O. Box 649, Wesson, MS 39191 or may be hand delivered in a sealed envelope by the applicant.



Admissions Process Summary

Associate Degree Nursing Program

Contact us: adn@colin.edu; 601-643-8413

January 1st to April 5th	<p>Program Application Submission</p> <p>Applications to the nursing program are accepted January 1st to April 5th each spring. (Application forms can be completed online at www.colin.edu under the Associate Degree Nursing major).</p>
April 5th	<p>Program Application Deadline</p> <p>All required nursing application paperwork must be received by April 5th for the application to be processed.</p>
May 15	<p>Notification of Admission Status: Admitted, Admitted as Alternate or Not-Admitted</p> <p>Applicants will be notified by email on or before May 15 of their admission status for the nursing program for the fall class. Status categories are admitted, admitted as alternate, or not admitted</p>
May 31	<p>Accept or Decline</p> <p>Applicants who have been admitted to the nursing program must reply via email to adn@colin.edu by May 31 to accept or decline the nursing class position.</p>
Mid-June	<p>ADN Program Orientation</p> <p>Applicants who are admitted to the nursing program must attend a mandatory program orientation in mid-June. Uniform and equipment information will be reviewed at this orientation.</p>
Last of July-first of August	<p>Drug Testing and Fingerprinting</p> <p>Applicants who have been admitted to the nursing program are required to participate in drug testing and fingerprinting for criminal history background check/clearance. These sessions will be scheduled by the nursing program and will occur during the last of July or first of August.</p>



**Fall 2025 Reference Form
Copenhaven-Lincoln Community College
Associate Degree Nursing Program**

NAME OF APPLICANT _____

Information on this reference form is considered confidential and will not be disclosed to the applicant by the Associate Degree Nursing Program. Completed reference forms may be returned to the school by emailing adn@colin.edu (Do NOT email a screenshot of the form) or mailing directly to Co-Lin ADN Program, P.O. Box 649, Wesson, MS 39191 **or** hand-delivered in a sealed envelope by the applicant.

Ratings

Evaluation Areas	Excellent (4)	Above Average (3)	Average (2)	Below Average (1)
<u>Problem-solving:</u> Thinks through situations; considers alternatives; arrives at logical/sound conclusions; prioritizes; takes appropriate action.				
<u>Works well with others:</u> Gets along well with peers and/or co-workers; shows respect & tact in peer relationships; resolves conflict through appropriate channels.				
<u>Accepts guidance & constructive criticism:</u> Is able to accept guidance & constructive criticism from authority figures resulting in improved behaviors; Does not exhibit extreme negative behaviors during this process.				
<u>Dependability/Responsibility:</u> Is dependable, reliable, & responsible in attending and completing required work/course activities; Completes tasks/duties as assigned.				
<u>Flexibility/Adaptability:</u> Is flexible & adaptable in work/learning situations; displays rationale and stable behavior in new, diverse, or unexpected situations.				
<u>Integrity: Behavior</u> seems to be guided by moral/ ethical principles & values; Displays trustworthiness.				
<u>Initiative: Seeks</u> appropriate assistance as needed; Sets & achieves goals (if known); seeks out learning opportunities; Assumes responsibility for behaviors.				

Totals:

Based on your knowledge of this applicant, do you recommend the applicant to the Associate Degree Nursing Program? _____ YES _____ NO **If no, please explain below:**

Any additional comments:

Individual completing this reference form:

Name (Please Print): _____

Title: _____ **Organization:** _____

Signature: _____

Relationship to Applicant: _____ Academic _____ Employer _____ Other (Please Specify) _____



**Fall 2025 Reference Form
Copolia-Lincoln Community College
Associate Degree Nursing Program**

NAME OF APPLICANT _____

Information on this reference form is considered confidential and will not be disclosed to the applicant by the Associate Degree Nursing Program. Completed reference forms may be returned to the school by emailing adn@colin.edu (Do NOT email a screenshot of the form) or mailing directly to Co-Lin ADN Program, P.O. Box 649, Wesson, MS 39191 **or** hand-delivered in a sealed envelope by the applicant.

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Integrity: Behavior seems to be guided by moral/ ethical principles & values; Displays trustworthiness.				
Initiative: Seeks appropriate assistance as needed; Sets & achieves goals (if known); seeks out learning opportunities; Assumes responsibility for behaviors.				

Totals:

Based on your knowledge of this applicant, do you recommend the applicant to the Associate Degree Nursing Program? _____ YES _____ NO **If no, please explain below:**

Any additional comments:

Individual completing this reference form:

Name (Please Print): _____

Title: _____ **Organization:** _____

Signature: _____

Relationship to Applicant: _____ Academic _____ Employer _____ Other (Please Specify) _____



Associate Degree Nursing Program
Essential Skills, Functions and Standards for Successful Nursing Practice

Students must be free from physical and/or mental disabilities which will interfere with his/her ability to administer safe, competent nursing care. To successfully complete the classroom and clinical components of the nursing program, the student must either independently or **with reasonable accommodation** be able to perform essential skills, functions and standards to meet required learning/program outcomes. The student must be able to practice as a safe, knowledgeable and competent registered nurse. These essential requirements include but are not limited to:

1. Hearing:

- a. Auditory acuity sufficient to understand and appropriately respond to verbal communication, directions and instruction.
- b. Auditory acuity sufficient to perceive, interpret and respond to client needs/data including hearing body sounds with and without a stethoscope.
- c. Auditory acuity sufficient to perceive and interpret various equipment signals.
- d. Auditory acuity sufficient to communicate via telephone.

Note: A student with a hearing impairment must be able to accurately hear blood pressure, pulse, breath sounds, bowel sounds etc. If a student is unable to accurately assess hearing required essentials to perform safe nursing practice, the student will not meet required learning outcomes, thus will have to withdraw from the nursing program. The student will be responsible for purchasing their own amplified stethoscope.

2. Vision:

- a. Visual acuity sufficient to identify, understand and appropriately respond to visual directions and instruction including reading physician's orders, medication records, and client chart data.
- b. Visual acuity sufficient to perceive, interpret and respond to client needs/data including viewing monitors and other client equipment.
- c. Visual acuity sufficient to implement physician's orders including accurate interpretation of required equipment and supplies, i.e., syringe markings.

3. Olfactory (Smell)

- a. Olfactory acuity sufficient to perceive, interpret and respond to client needs/data.

4. Speech:

- a. Verbal ability sufficient to establish interpersonal rapport and communicate with clients, family members and/or significant others.
- b. Verbal ability sufficient to engage in interpersonal communication with physicians, peers, co-workers, and any other health care team members or health care facility persons.
- c. Verbal ability sufficient to respond to client needs/data.

5. Mobility/Motor Ability:

- a. Ability to stand and/or walk at least 8 hours in the clinical setting.
- b. Ability to assist in lifting or moving clients of all age groups and weights, bend and squat.
- c. Ability to use arms, hands and fingers for grasping, pulling, pushing, fine manipulation and any other movements/skills necessary to perform health and physical assessment to meet client needs.
- d. Ability to engage in motor skills required to perform cardiopulmonary resuscitation.
- e. Ability to engage in any other mobility/motor skills necessary to respond to client needs/data.

Applicant's Printed Name _____ Date _____

Applicant's Signature _____ Date _____



Associate Degree Nursing Program
Applicant Letter of Good Standing

Directions: Applicants who have attended other registered nursing programs must submit a letter of good standing from that program as part of the application process. Please have the program(s) complete, sign, and submit this form to Co-Lin ADN Program at adn@colin.edu.

Date _____

To: Co-Lin ADN Admissions Committee

Re: Letter of Good Standing for _____
Student Name

This letter is to verify that the above-named student attended the Nursing Program at

_____. Based on the program's
(Name of College or University)

re-admission policies and/or course repeat policies, please see a summary of the student's status below.

Student's Status: Check all that apply.

_____ Student is in good standing and eligible for re-admission to the nursing program.

_____ Student is NOT eligible for re-admission to the nursing program.

NO YES
Is non-eligibility disciplinary in nature.

Comments: _____

Please print name of person completing this form: _____

Signed _____ (Nursing Program Representative)

Nursing Representative email: _____

Contact us:
adn@colin.edu; 601-643-8413.
Co-Lin Associate Degree Nursing Program

Required Clinical Health Requirements

If an applicant is admitted into the associate degree nursing program, the following is a summary of current clinical health requirements. This is for your information only! **NO ACTION is required during the application process.**

Clinical Requirements Summary List

1. History and Physical Examination
2. American Heart Association BLS CPR Certification
3. 2 step TB Skin Testing
4. Chicken Pox/Varicella (vaccination record or blood titer)
5. Measles, Mumps, Rubella (vaccination record or blood titer)
6. Hepatitis B (vaccination record or signed waiver)
7. Criminal History Background with Fingerprinting and Clearance Letter
(The nursing program schedules this)
8. Drug screen (The nursing program schedules this)
9. Covid Vaccination: Please be aware that the nursing program currently has clinical affiliates that may require covid vaccination to participate in clinical activities at their facilities. Covid vaccination **could** be required during your enrollment in the nursing program.

Student Fees & Expenses Per Semester

(Fees & expenses are subject to change during enrollment)

First Semester Expenses (1st year student)

ADN Program Fee (includes student malpractice insurance and resource packets)	\$ 300.00
Tuition.....	1,850.00
Technology Fee.....	125.00
Student Services Fee.....	125.00
Nursing Books/Learning Resources.....	500.00*
Uniforms, Clinical Equipment & Supplies.....	450.00*
Clinical Travel	varies
Annual Physical Exam and Immunizations.....	200.00*
Hepatitis B Vaccine (3 injections) (Optional).....	300.00*
American Heart Association BLS/CPR	50.00*
Activity Fee.....	10.00
Standardized Testing Package	340.00*
Drug Testing	32.00
Criminal History Processing	50.00
Skills Lab Tote w/Supplies.....	200.00*
Total	\$ 4,532.00

Second Semester Expenses (1st year student)

ADN Program Fee (includes student malpractice insurance and resource packets).....	\$ 300.00
Tuition.....	1,850.00
Technology Fee.....	125.00
Student Services Fee.....	125.00
Nursing Books/Learning Resources.....	250.00*
Clinical Travel	varies
Professional Meeting Fee.....	75.00*
Activity Fee.....	10.00
Standardized Testing Package	360.00*
Total	\$ 3,095.00

Student Fees & Expenses Per Semester

(Fees & expenses are subject to change during enrollment)

Third Semester Expenses (2nd year student)

ADN Program Fee (includes student malpractice insurance and resource packets)	\$ 300.00
Tuition.....	1,850.00
Technology fee.....	125.00
Student Services fee.....	125.00
Nursing Books/Learning Resources.....	700.00*
Clinical Travel	varies
Annual Physical Exam and Immunizations.....	200.00*
Activity Fee.....	10.00
Standardized Testing Package	360.00*
Total	\$ 3,670.00

Fourth Semester Expenses (2nd year student)

ADN Program Fee (includes student malpractice insurance and study packets)	\$ 300.00
Tuition.....	1,850.00
Technology Fee.....	125.00
Student Services Fee.....	125.00
Nursing Books/Learning Resources.....	250.00*
Clinical Travel	varies
Professional Meeting Fee	75.00*
Standardized Testing Package	360.00*
Activity Fee	10.00
Composite Photograph (Sitting fee)(Optional)	50.00*
Graduation Fee.....	40.00
State Board Application Fee for RN Licensure	100.00
NCLEX®-RN certification exam fee (testing fee)	200.00
State Board Review Course	400.00*
Total	\$ 3,885.00

* Approximate cost. Associate Degree Nursing Student Handbook, 2024-2025

Associate Degree Nursing Program Applicant Written Interview
For Scoring Only. Do NOT complete this page.

1. Nursing: Describe what you believe is the role of the registered nurse in the healthcare setting. Please include examples.

1	2	3	4
The description does not express what he/she believes to be the role of an RN in the healthcare setting.	Exhibits difficulty/struggles describing what he/she believes to be the role of an RN in the healthcare setting. No examples or details were provided.	Superficially describe or give a very simple description of the role that is not very in-depth or insightful. Does include a general example. Example lacks details.	Easily describes what he/she believes is the role of the RN in the healthcare setting, giving specific examples (i.e., examples of life experiences that influenced them). More in-depth and insightful statements about the reason(s). Provided a detailed example.

Total Score for this Item _____ Comments:

2. Nursing: Describe a study plan you will follow to ensure success in the program. Feel free to include days and times.

1	2	3	4
Unable to describe how he/she will be successful.	Exhibits difficulty/struggles with describing how he/she will be successful. Lack a study plan.	Superficially or very simply describes how he/she will be successful. Simple statement(s) that is not very in-depth or insightful. A general schedule is included.	Easily describes how he/she will be successful in the program and gives specific examples. Statements are in-depth and may include a description of the student as a self-directed learner. A schedule is included.

Total Score for this Item _____ Comments:

3. Communication: Describe a time when you had to communicate a complex idea or procedure. How did you ensure it was understood? Provide examples.

1	2	3	4
Unable to communicate relevant information in a clear, concise manner.	Exhibits difficulty/struggles with communicating relevant information. An example is not provided	Overall, the student communicates relevant information in a clear, concise manner that is understood. Statements are not very in-depth or insightful. Example lacks specific details.	Easily communicates relevant information in a clear, concise manner that is easily understood. Statements are in-depth, insightful, or very well thought through. Specific examples are given.

Total Score for this Item _____ Comments:

4. Professionalism: Describe how you manage disagreements with family, friends, or co-workers? If possible, provide specific examples.

1	2	3	4
Unable to communicate relevant information in a clear, concise manner.	Exhibits difficulty/struggles with communicating relevant information. An example is not provided.	Overall, the student communicates relevant information in a clear, concise manner that is understood. Statements are not very in-depth or insightful. Example lacks specific details.	Easily communicates relevant information in a clear, concise manner that is easily understood. Statements are in-depth, insightful, or very well thought through. Specific examples are given.

Describe any other significant information noted by the interviewer(s) related to this applicant:
