

# Nursing Priority Registration

Students on their path towards the AHC nursing program who have not completed the required science prerequisites have an opportunity to apply for priority registration. If you qualify, you will be given 2<sup>nd</sup> day priority.

**Eligibility Requirements: (Check off if complete)**

- Must be on the path for AHC's LVN/RN nursing programs.
- Completion** of the following course must show in your AHC portal with a grade of "C" or better:
  - English 101 – semester/year \_\_\_\_\_
  - Math 100 level – semester/year \_\_\_\_\_
  - Psych 101 – semester/year \_\_\_\_\_
- Complete and pass each credit course held in the semester prior (Fall/Spring).
- Coursework taken at any other college - official transcripts must be transcribed and in your AHC portal.
- You may not be on academic or progress probation for two consecutive terms as defined in the policies and procedures. Students must also be in good program standing as applicable. (Board Policy 5055)
- You must meet with a counselor to set-up your CSEP (Comprehensive Student Evaluation Plan) for nursing.
- Submit this form along with a copy of the completed CSEP to the Health Sciences Department (W-11).

**To maintain eligibility:**

- You must take a nursing pre-requisite (Anatomy (BIO 124), Physiology (BIO 125) or Microbiology (BIO 128)) science course each semester (Spring and Fall) and make progress on your CSEP.

**You can lose priority registration by:**

- Allowing your GPA to drop below a 2.0 in any semester
- Failing or withdrawing from any course listed on the CSEP toward your nursing degree requirements.

**Guidelines:**

Nursing priority registration is good for two years (4 semesters, Fall/Spring) **and/or** when all science courses are completed (whichever is first). This opportunity will only be issued one (1) time during your AHC college career. In some cases, you may be reinstated for priority registration, you must email the health sciences office to discuss.

By signing this form, you acknowledge that you are eligible for nursing priority registration and understand the commitment required to maintain it. You also understand that your registration status will be checked each semester for compliance. No notification will be sent if approved or removed for non-compliance. You will be notified via email if you are not accepted.

Print Name: \_\_\_\_\_ AHC Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

<p style="text-align: center; margin: 0;"><b>FOR OFFICE USE ONLY</b></p> <p>Meets initial criteria: Yes ____ No ____</p> <p>Start date: _____ End date: _____</p> <p>Date unblocked to register: _____</p> <p>Complete: _____ Removed _____</p>	<p>Removed date: _____</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p>
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Place this form and a copy of your current CSEP in the mailbox across from the M-132 office door. If you would like to discuss in person, please come to W-11 and speak with Tawnya Karstrom.