Nursing Priority Registration

ALLAN HANCOCK COLLEGE
HEALTH SCIENCES

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 2nd day priority.

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Eligibility Requirements: (Check 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**:

  - ❑ ENGL C1000 – semester/year _____

  - ❑ Math 100 level – semester/year _____

  - ❑ PSYC C1000 – semester/year _____

- ❑ Complete and pass each credit course held in the semester **prior** (Spring / Fall).

- ❑ 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. It is always a good idea to meet with a counselor every semester to update your plan, counselors are here to help you stay on track.

- ❑ 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 toward your nursing program/degree requirements.

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Guidelines:

Nursing priority registration is good for two years (4 semesters, Fall/Spring) **and/or** when all science courses are completed (whichever happens 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 your request.

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. Check your AHC portal for your registration date.

Print Name: _____   AHC Student ID: _____

Email Address: _____   Phone Number: _____

Signature: _____   Date: _____

FOR OFFICE USE ONLY

Meets initial criteria: Yes_____ No_____

Start date: _____ End date: _____

Date unblocked to register: _____

Complete: _____ Removed _____

Removed date:_____

Reason:_____
_____
_____
_____

Place this form and a copy of your current CSEP in the mailbox across from the M-132 office door or the W-11 office. If you would like to discuss in person, please come to W-11 and speak with Tawnya Karstrom.

Revised 9/12/25