

ASSOCIATE DEGREE NURSING APPLICATION FOR NURSING 100
FILING PERIOD FOR FALL SEMESTER 2007 -
JANUARY 16 TO FEBRUARY 28, 2007

INSTRUCTIONS: Complete the 3 page nursing application and submit to the Impacted Programs Desk for a signed receipt. Keep this sheet and your signed receipt for your records.

The completed nursing application, official college transcripts and proof of high school graduation or A.A. Degree or higher, are due by the last day of the filing period. It is your responsibility to notify the Impacted Programs Desk of address and/or telephone changes, we are not responsible for lost mail. Notification letters will be sent to applicants as follows:

Month of April - Letters indicating applicant's eligible or in-eligible status will be sent from the Impacted Programs Desk.

Conditional acceptance letters, alternate status and non-accepted applicant letters will be mailed by the Health Professions Office by the end of spring semester 2007.

If you do not receive the notification letters by the above dates, contact the Impacted Programs Desk at (714) 895-8779. Desk Hours:

9 a.m. to 1 p.m. & 2 p.m. to 6 p.m. – Monday through Thursday
8 a.m. to 3 p.m. – Friday {Desk closed 1 to 2 p.m.}

MAILING ADDRESS:

Golden West College
C/O Impacted Programs
15744 Golden West Street
P.O. Box 2710
Huntington Beach, CA 92647-2710

BACKGROUND CHECKS

As of January 2004, the Joint Commission on Accreditation of Hospitals and other Organizations (JCAHO) added a new standard for its accreditations involving personal background checks. Any health care facility that requires employees to have personal criminal background checks must also require the same background check for students and volunteers involved in patient care.

Golden West College Associate Degree Nursing Program will require background checks on all students entering the nursing program. We realize it is a national standard for hospital accreditations and all facilities will be requiring students to have a background check. Once accepted into the Nursing Program, you will receive the appropriate information to complete this requirement.

OFFICE USE ONLY
DATE RECEIVED

RETURN TO: IMPACTED PROGRAMS DESK,
ADMISSIONS OFFICE
FILING DATES – JAN. 16 TO FEB. 28, 2007

APPLICATION FOR ASSOCIATE DEGREE NURSING PROGRAM
GOLDEN WEST COLLEGE – FALL SEMESTER 2007

PLEASE PRINT

NAME _____ MAIDEN NAME _____
LAST FIRST M.I.

ADDRESS _____
STREET CITY ZIP CODE

HOME PHONE # _____ CELL PHONE # OR
WORK PHONE # _____

SCHOOL I.D. # OR SOC. SEC. # _____ BIRTHDATE _____

EMAIL ADDRESS _____ FEMALE MALE

ETHNIC BACKGROUND: Amer.Indian/Native Alaskan (N) White, Non-Hispanic (W)

Black, Non-Hispanic (B) Filipino (F) Pacific Islander (P) Hispanic (H)

Asian (A) Unknown/Non-Respondent (X)

Did you submit a Nursing Application from Aug. 15 to Sept. 29, 2006? YES NO

ARE YOU A COASTLINE ROP NURSE ASSISTANT? NO YES

If answer is "YES", see Impacted Programs Desk for the Golden West College and Coastline Regional Occupational Nurse Assistant Articulation Agreement.

LIST NAME OF YOUR HIGH SCHOOL & GRADUATION DATE: _____

NOTE: If you graduated from a foreign High School and do not have an A.A. Degree or Bachelor degree, you will need your foreign transcripts translated into English. See Impacted Programs Desk for Foreign Educational Credentials Evaluation Form.

- ◆ I certify that all information provided on this application is correct. I further understand that falsification of this application regarding previous colleges may be a cause for denial to the nursing program.
- ◆ I agree to notify the Impacted Programs Desk of any address and phone number changes.
- ◆ I understand that I must meet all of the regular requirements for admissions to the college as printed in the Golden West College Catalog and attend a Nursing Orientation.

 SIGNATURE: _____ DATE _____

NAME: _____ SCHOOL ID # _____
 LAST FIRST M.I. APPLICATION-FALL SEM. 2007

To apply for the Basic Associate Degree Nursing Program, the following four prerequisites need to be completed. Official transcripts for courses completed must be on file with GWC Adm. & Records Office. List name of college, date completed and how many times you have repeated Biology classes, if applicable and list letter grade for each class.

| COURSES COMPLETED | SCHOOL ATTENDED | DATE COMPLETED | HOW MANY REPEATS? | List letter grade if known |
|-------------------------------|-----------------|----------------|-------------------|----------------------------|
| English 100 – 3 units | | | N/A | |
| Bio. 170–Anatomy– 4 units | | | | |
| Bio. 175–Human Phys.– 4 units | | | | |
| Bio. 210–Gen. Micro.– 5 units | | | | |

ADDITIONAL GRADUATION REQUIREMENTS: (Minimum grade of “C”)

| COURSES COMPLETED | SCHOOL ATTENDED | DATE COMPLETED | List letter grade if known |
|-----------------------------------|-----------------|----------------|----------------------------|
| Comm. 110- Public Speaking | | | |
| OR | | | |
| Comm. 108- Intro. to Comm. | | | |
| OR | | | |
| Comm. 112- Small Group Dynamics | | | |
| Bio. 200 – Pharmacology – 3 units | | | |
| Psy.160 – (Human Growth & Dev.) | | | |
| Sociology 100 – 3 units | | | |
| Humanities – 3 units | | | |

❖ 3 units course of student’s selection from Area C of Associate in Arts Degree Option II requirements found in GWC Catalog.

A Physical Education or Dance class, .5 unit or higher is required for A.A. Degree. Have you completed a P.E. or Dance class? Please check “Yes” or “No” box.

Yes No

NAME _____ SCHOOL ID # _____
 LAST FIRST M.I. APPLICATION-FALL SEM. 2007

Please check one box for Math prerequisite.

Math 010, Elementary Algebra or higher level of Math class has been completed.

Name of College: _____

OR

GWC Math Competency Test with a qualifying score of eligibility for Math 030,

Intermediate Algebra or higher. Date of Math Test: _____

OR

Completion of Intermediate (2nd year) Algebra in high school "C" grade or better.

Name of High School: _____

Please choose one of the following as your preference if you are chosen to attend the Golden West College Nursing Program. Once you have been selected for the Day or Week-End Program, you will not be able to switch programs.

- I am interested in enrolling in the Traditional weekday section.
- I am interested in enrolling in the Weekend section.
- I am interested in enrolling in either the Traditional or Weekend section.

Please list date you attended Nursing Orientation Meeting: _____

All applicants must be high school graduates or equivalent. High school transcripts are not required if you have an A.A. Degree or Bachelor degree.

List all colleges that you have attended, including colleges that do not apply towards the nursing program. All college units and grades completed will be used for overall GPA calculation. Official transcripts need to be on file before submitting application. **If this is your 2nd, 3rd, 4th or 5th time applying and you have not completed any new classes, you do not need to re-submit new, official transcripts.**

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

FOR OFFICE USE ONLY
NOTIFICATION BY MAIL:

1. _____

2. _____

SELECTION STATUS:

1st 2nd 3rd
 4th 5th application submitted.

Core Science & English GPA:

 Overall GPA & Score %:

APPLICANT STATUS:

ACCEPTED FOR:
DAY WEEK-END
 ALT. NO. _____

DID NOT QUALIFY
 IN-ELIGIBLE APP.