

**SAN DIEGO CITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
APPLICATION FOR ADMISSION**

DATE: _____

NAME: _____
 First **Middle** **Last** **(Maiden)**

ADDRESS: _____
 No. & Street **City** **State** **Zip Code**

PHONE: Home (____) _____ Work (____) _____ Other (____) _____

If you have a change in name, addresses, and/or phone number, notify the Nursing Admissions office in writing. If we are unable to reach you, you will lose your enrollment status and your application may be cancelled. Initials _____

EMAIL ADDRESS: _____ **SOCIAL SECURITY #:** _____

AGE: _____ **BIRTHDATE:** _____ **GENDER:** _____

ETHNIC BACKGROUND (*Optional*) Please check your ethnic or racial background. Information is used for statistical purposes only in compliance with Section 56110, Title V, California Administrative Code:

African American _____ Latino _____ American Indian/Alaska Native _____ White _____
Asian/Pacific Islander _____ Other non-white _____ Filipino _____ Decline to state _____

EDUCATIONAL GOAL (*Check One*)

RN Associate Degree ___ LVN to RN Associate Degree ___ LVN to RN 30-Unit-Option ___

An official high school transcript or GED or evidence of a college degree is mandated by Title 16, California Code of Regulations 1412(c) for admission into the program. Please provide proof in the form of an official transcript. (*Check One*)

Diploma ___ GED ___ Associate Degree ___ Bachelor's Degree or Higher ___ Foreign Eval. Report ___

School Name or Evaluation Company _____

COLLEGE INFORMATION - List all colleges attended outside of the San Diego Community College District. Please include degree received, if any, and major. Official transcripts are required from all colleges attended.

	NAME OF COLLEGE	CITY	STATE	DATES ATTENDED	DEGREE/MAJOR
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

LVN-RN ADVANCED PLACEMENT STUDENTS: A copy of your current & active California license must be submitted with application materials. License must be maintained in active status while in the program.

LICENSE # _____ **EXPIRATION DATE** _____

(Continued on other side)
PLEASE COMPLETE THE FOLLOWING SECTION

PREREQUISITE COURSES MUST BE COMPLETED WITH A MINIMUM GRADE OF "C" OR BETTER. IN ADDITION, THE CUMULATIVE GRADE POINT AVERAGE (GPA) FOR THE PREREQUISITE COURSES MUST BE 2.5 OR HIGHER. (Qtr unit formula = Double qtr units and divide by 3= Semester Units)

HUMAN ANATOMY: WITH LAB, (4 semester units required)

QTR SYSTEM Y/N

Course Title/No.	No. of Units	Name of College	Grade	Semester/Year Completed
HUMAN PHYSIOLOGY: WITH LAB (4 semester units required within 7 years) QTR SYSTEM Y/N				
MICROBIOLOGY: WITH LAB (5 semester units required within 7 years) QTR SYSTEM Y/N				

GENERAL EDUCATION COURSES REQUIRED FOR NCLEX-RN ELIGIBILITY MUST BE COMPLETED WITH A MINIMUM LETTER GRADE OF **C OR BETTER**. THESE COURSES MAY NOT BE TAKEN FOR CREDIT/NO CREDIT.

REQUIRED COURSES	STATUS*	NAME of COLLEGE/UNIVERISTY	GRADE
ENGLISH			
SPEECH			
SOCIOLOGY			
PSYCHOLOY			

**STATUS: C=Completed IP= In Progress NC=Not Completed*

DO YOU HAVE AN EDUCATIONAL PLAN FOR A PRE-NURSING MAJOR ON FILE AT CITY COLLEGE? YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ____ NO ____

APPLICATIONS WILL NOT BE COMPLETE UNTIL ALL ADMISSION REQUIREMENTS AS DESCRIBED IN THE NURSING PROGRAM INFORMATION PACKET HAVE BEEN RECEIVED AND REVIEWED BY THE NURSING ADMISSIONS OFFICE. IF WE ARE UNABLE TO REACH YOU BY MAIL, YOUR APPLICATION WILL BE CANCELLED. YOU WILL NOT RECEIVE A TELEPHONE CALL.

Applicant's Signature

Date