



Saddleback College
Registered Nursing Program
Generic Student Application

Office Use Only
Received _____
Date _____
Qualifying GPA _____
Initials _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Student ID	Last Name	First Name	
Maiden or previous name(s) used		Social Security #	
() _____ Phone #	() _____ Alternate Phone #	_____ Email Address	
Mailing Address, City, State, Zip			
Birth Date	M / F Gender <small>(Circle One)</small>	High School Attended	HS Grad Date

Have you previously applied to the program under the new criteria? Yes No

If so, does your application need updating? Yes No

List all colleges attended in chronological order:

College Attended	Units Completed	GPA
1.		
2.		
3.		
4.		
5.		
6.		

NOTE: An **official** transcript for each college attended must be sent to the Office of Admissions. Applications will not be considered unless **all** official transcripts are on file by the end of the filing date. Please fill in the information in the table below:

Course	College Attended	Units	Grade
Anatomy (Bio 11)			
Physiology (Bio 12)*			
Microbiology (Bio15)			
English 1A			

*Must have been taken within the past 7 years.

DEADLINES

Application forms will be accepted in Counseling only during the following periods:

September 1st – September 15th: for Spring admissions
March 1st – March 15th: for Fall admissions

Applications must be hand delivered to the Counseling Office. No mailed or faxed applications will be accepted.

Signature of Student _____

Date _____