



valley college

San Bernardino Valley College

All requirements and documentation must be completed and submitted to the Nursing Office to be considered for admission. Applicants are notified by a letter upon acceptance into the nursing program.

APPLICATION TO THE ASSOCIATE of SCIENCE DEGREE in NURSING

This application must be completed in full and submitted with required documents in order for you to be considered for admission. Please review it carefully.

Year you are applying for: **Fall 20** _____ **Spring 20** _____

Name _____ Home Phone _____

Last First Middle

Previous Name (s) _____ Alternate Phone (Cell) _____

Important if your records reflect a name different from above

Address _____ Social Security Number _____

Street

(Required by the Board of Registered Nursing)

_____ Birth Date _____

City State Zip

E-mail Address** _____ *** High School (City, State)** _____

(Need copy of diploma, official transcript, GED or proof of degree from a U.S. institution)

Person to notify in case of an emergency: _____

Name

Telephone Number

Address

City

State

Zip

****Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing. Your admission status will be compromised if we are unable to reach you. Email changes to: <mailto:mgutierrez@sbccd.cc.ca.us> Initial that you have read this:** XXXX

SCIENCE PREREQUISITES GE REQUIRED COURSES and GPA	Course Number	No. of Units	Lab Course Yes/No?	Year Completed	Name of College	Letter Grade Received
*Anatomy or Anat & Physio I						
*Physiology or Anat & Physio II						
*Microbiology						
*Psychology						
*English Composition (101)						
*Intermediate Algebra (095)						
Communications/Speech 100 or 111						
Into to Sociology/Anthro						
Humanity #1						
Humanity #2						

PLEASE NOTE: The Support GE courses used in this application are still subject to evaluation and approval by the College for completion of the AS degree. **Minimum prerequisite Science GPA of 2.75 is required to apply.** Physiology and Microbiology must have been taken within 5 years of the application date. Applicants will be considered for admission only after successfully completing the **required pre-requisite coursework (identified by *)** and official transcripts for all of the prerequisites have been submitted to the Nursing Office.

Submit all official transcripts to: School of Nursing, San Bernardino Valley College, 701 S. Mt. Vernon Ave., San Bernardino, Ca. 92410

Note: Official College transcripts from all colleges attended must be on file before starting the program. It is highly recommended that you make an appointment with a college counselor to verify all General Education and Major Requirements are fulfilled before entering the program.

College Degrees	Name of College	Years Attended	Degree Awarded /Points
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____

Allied Health Certificate? Yes _____ No _____ LVN/LPT License? Yes _____ No _____ Please submit copy

Life Experience or special circumstances: Documentation required on any one item that applies. You only need to document one item.

Do you have a documented disability? Yes _____ No _____ **Please submit a letter on official documentation describing the disability.**

Documented eligibility for Financial Aid, Cal works, BOGFW-B, Federal Pell grant. Yes _____ No _____ **Please submit copy of documents.**

Are you the first generation of your family to attend college? Yes _____ No _____

Documented employment during pre-requisite course work? Yes _____ No _____ **Submit letter from employer on letterhead verifying dates employed.**

Are you an EOPS student? Yes _____ No _____ **Please submit verification**

Any recent difficult family or personal circumstances? Yes _____ No _____ **Please describe** (attach a brief letter) _____

Documented Refugee? Yes _____ No _____

Documented Veteran? Yes _____ No _____

Did you successfully complete 12 units in the SBCCD (SBVC or Crafton Hills) system? Yes _____ No _____

Documented proficiency or advanced level of coursework in languages other than English, including American Sign or Spanish? Yes _____ No _____

List the Language courses you have taken _____ **Official transcripts required**

Check the language(s) in which you are fluent: English ☐ American Sign ☐ Spanish ☐

HESI WILL BE BY INVITATION ONLY

COMPLETE FOR STATISTICAL PURPOSES ONLY: Gender: ☐ Male ☐ Female Ethnicity: ☐ American Indian or Alaskan Native
☐ African-American ☐ Asian or Pacific Islander ☐ Hispanic ☐ Filipino ☐ White ☐ Other: _____

Are you ☐ now or have you ☐ ever been enrolled in another Nursing Program? If so, name of the school? _____

To the best of my knowledge, the above information is truthful and accurate. Failure to disclose accurate information will result in your application being removed from consideration by San Bernardino Valley College Nursing Program.

Applicant Signature: _____ Date: _____