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 _______________________________

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

Important if your records reflect a name different from above

Address _______________________________  Social Security Number _______________________________

Street _______________________________  Birth Date _______________________________

City  State  Zip

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

(Personal 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@sbcdd.cc.ca.us Initial that you have read this: S C E P R E Q U I S I T E S

<table>
<thead>
<tr>
<th>SCIENCE PREREQUISITES</th>
<th>Course Number</th>
<th>No. of Units</th>
<th>Lab Course Yes/No?</th>
<th>Year Completed</th>
<th>Name of College</th>
<th>Letter Grade Received</th>
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<tbody>
<tr>
<td>*Anatomy or Anat &amp; Physio I</td>
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<tr>
<td>*Physiology or Anat &amp; Physio II</td>
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<tr>
<td>*Microbiology</td>
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<tr>
<td>*Psychology</td>
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<tr>
<td>*English Composition (101)</td>
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<td>*Intermediate Algebra (095)</td>
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<td>Communications/Speech 100 or 111</td>
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<td>Into to Sociology/Anthro</td>
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<td>Humanity #1</td>
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<td>Humanity #2</td>
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Rev. 7/29/13
**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.

<table>
<thead>
<tr>
<th>College Degrees</th>
<th>Name of College</th>
<th>Years Attended</th>
<th>Degree Awarded /Points</th>
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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 ______

List the Language courses you have taken__________________________________________________________

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

List the Language courses you have taken__________________________________________________________

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

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

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: ________________

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