



LOS ANGELES SOUTHWEST COLLEGE

ASSOCIATES DEGREE NURSING PROGRAM APPLICATION

(323) 241-5461 • SoCTE, Room 132

Last Name		First Name		MI	Student ID Number
Other names used, if applicable:				Have you applied to this program before? <input type="checkbox"/> No <input type="checkbox"/> Yes When did you apply?	
Address		City		State	Zip Code
LACCD Email address @student.laccd.edu				Social Security Number	
DOB (MM/DD/YYYY)		Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Person to notify in case of emergency		Relationship		Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Highest level of education? (check one below)					
<input type="checkbox"/> High School/GED		<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Bachelor's Degree	
				<input type="checkbox"/> Master's Degree	
				<input type="checkbox"/> Doctorate Degree	
Name of Institution:				Date of Graduation: (MM/YYYY)	

I HAVE ATTENDED SCHOOLS OUTSIDE LACCD? No Yes

LIST ALL COLLEGES ATTENDED OR CURRENTLY ENROLLED (AND ATTACH) IN ORDER OF MOST RECENT ATTENDED

Transcript Attached	Semester System	Quarter System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

College(s)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

FOR OFFICE USE ONLY		
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA
UA	GP	GPA

FOR OFFICE USE ONLY

Has student applied before: Y N		SASE submitted: Y N		Application received date:	
HS Transcripts Provided: Y N N/A		Email/Mail sent: Y/Y Date:		Evaluator Initial: _____	
Foreign Tx: Y N Degree: Y N		Total Sci: 1 2 3 4 5 Repeats: 1 2 3			
US Degree: AA/AS BA/BS MA/MS		Transfer: Y N Science GPA:			
LACCD Transcripts Printed: Y N		Veteran: Y N Cum GPA:			
TEAS: Y N		Version: _____ Date: _____			
Application: OK Inc Transfer Reapply Waitlist Denial Reason: Sci Rpt Sci GPA Cum GPA Prereqs Tx HS/GED TS Score TS Seat TS Tx Seating Other TEAS: Invite Decline TS Tx					
Processor Initial: _____					

ASSOCIATES DEGREE NURSING PROGRAM APPLICATION (CONTINUED)

Last Name	First Name	MI	Student ID Number
-----------	------------	----	-------------------

Below, please list all attempts, withdrawals, and credits earned for core science classes (Anatomy, Physiology & Microbiology).
 Please look at example of how to fill out prerequisite section of application online.

OFFICE USE ONLY	REQUIRED PREREQUISITES	COURSE NAME & NUMBER	UNITS	GRADE	COMPLETION DATE	NAME OF INSTITUTION
	EXAMPLE	CHEM 51	5	B	FA 17	LASC
	ANATOMY 1					
	ANATOMY LAB (IF SEPARATE)					
	ANATOMY REPEAT					
	PHYSIOLOGY 1					
	PHYSIOLOGY LAB (IF SEPARATE)					
	PHYSIOLOGY REPEAT					
	BIOLOGY 20 (ANATOMY/PHYSIOLOGY I & II)					
	BIOLOGY REPEAT					
	MICROBIOLOGY 1 or 20 (5 or 4 semester unit)					
	MICROBIOLOGY LAB (IF SEPARATE)					
	MICROBIOLOGY REPEAT					
	ENGLISH COMPOSITION					
	PUBLIC SPEAKING					
	GENERAL PSYCHOLOGY					
	LIFESPAN PSYCHOLOGY					
	INTRO SOCIOLOGY					
	MATH - STATISTICS					
	CHEMISTRY- GENERAL OR INTRO					
Additional general education graduation requirements for the ASSOCIATE DEGREE. Waived for students who have a Bachelor's degree or higher from a regionally accredited institution in the United States.						
	AMERICAN INSTITUTIONS (HISTORY / POLITICAL SCIENCE)					
	HUMANITIES (Art/Hist, Lang, Hum, Mus, Phil, Theat)					
	KINESIOLOGY (1 UNIT)					

PLEASE READ AND INITIAL AFTER PRINTING

- ___ • I am aware that the Nursing Program will correspond with me via my LACCD email or regular mail regarding the status of my application.
- ___ • I understand that to be eligible to apply to the Nursing Program I must have a **cumulative GPA of 2.5** for **all** college coursework taken in the U.S. and an **overall 2.5 GPA for the core sciences, Anatomy, Physiology and Microbiology** with no grade less than a "C", and no more than one repetition of any one of these courses ("W's" count as repeats). Courses must meet or exceed the 4 unit minimum with a laboratory component, as required by the California Community College Chancellor's office.
- ___ • I understand that in order to be considered for the Nursing Program, I must have **all** of the following submitted with my application, otherwise my application will be considered incomplete:
 - _____ • I have attached a self-addressed stamped envelope: **size 10" x 13" with 4 (49¢ or forever) stamps**
 - _____ • I have attached 2 self-addressed stamped envelopes: **size 9 ½" x 4" with 1 (49¢ or forever) stamp**
- ___ • I have attached current official college transcripts of coursework outside the LACCD, and unofficial LACCD transcripts.
- ___ • I have attached official transcripts of U.S. high school, GED, California Proficiency Exam or U.S. College or University Degree or Evaluation Report from approved agency by the Commission for Foreign Transcript Evaluation (to be used for highest level of education).

I certify that the answers I have given are true and correct and I have not withheld any facts or circumstances. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal upon discovery at any time during enrollment in the nursing program.

SIGNATURE _____

DATE _____

ASSOCIATES DEGREE NURSING PROGRAM APPLICATION (CONTINUED)

Last Name	First Name	MI	Student ID Number
Are you a U.S. Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you the spouse of a U.S. Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes to either question above, please attach a copy of your DD Form 214.			
Are you a relative/friend of any of the staff/faculty of the LASC Nursing Department? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, whom? _____ Relationship: _____			

Previous Nursing Program Information:

1. Have you ever been accepted to LASC's ADN Program? No Yes _____
(Semester/Year)

If yes, what was the reason you did not begin the program? _____

2. Have you ever been enrolled/conditionally accepted in any of the programs below?

LVN No Yes _____ Completed No Yes
(Institution/Year)

ADN No Yes _____ Completed No Yes
(Institution/Year)

BSN No Yes _____ Completed No Yes
(Institution/Year)

MSN No Yes _____ Completed No Yes
(Institution/Year)

3. If you started and did not complete the program above, what was the reason you stopped attending?

What semester were you last enrolled? _____
(Semester/Year)

***Please Note:** If you have previously attended another ADN Program within the LACCD and were academically dismissed, you will not be eligible to apply. If you have been previously enrolled in any nursing program, you must submit official transcripts and the following forms with your application.

- *Transfer Recommendation Form*
- *Official Transcripts*
- *Course Syllabi*

FOR OFFICE USE ONLY			
Relative: Y N	TR Form: Y N N/A	Syllabus: Y N N/A	Application received:
DD 214: Y N N/A	ID: Y N Exp:	Offense Letter: Y N N/A	
TEAS 1:	Date:		
TEAS 2:	Date:		
Notes:			

ESSAY QUESTION

Minimum 250 words. Please type and attach a separate sheet

ASSOCIATES DEGREE NURSING PROGRAM APPLICATION (CONTINUED)

Last Name	First Name	MI	Student ID Number
-----------	------------	----	-------------------

ATI TEAS:

Have you taken the TEAS? No Yes If yes, how many times have you taken the TEAS (all versions)? _____

If you have been invited to take the TEAS at LASC and did not show up please state reason why: _____

If you have taken the TEAS, unofficial results (all versions) must be submitted with your application. TEAS score must be submitted officially by close of business on the submission deadline date. Late submissions will not be accepted.

1st Attempt: _____% Version: _____ Date: _____ Taken at: _____

2nd Attempt: _____% Version: _____ Date: _____ Taken at: _____

3rd Attempt: _____% Version: _____ Date: _____ Taken at: _____

Offense/Fraud Question:

Have you ever been convicted of any offense other than minor traffic violations? No Yes

Have you had a misdemeanor in the past 7 years? No Yes

Are you currently on any type of probation? No Yes

If yes to any of the above questions, please submit a signed formal letter (typed) to Dr. Azubuike, the Program Director and attach it to the application.

STUDENTS MUST SUBMIT A COPY OF CERTIFICATE OF REHABILITATION

Additionally, when you complete the program, you will be required by the Board of Registered Nursing, to explain your conviction(s) and/or arrest(s) and submit additional information.

If you are a current CNA or LVN, have you ever committed or been accused of health care fraud? No Yes

If yes, was your license revoked or suspended? No Yes

Explain in a formal and signed letter to Dr. Azubuike, the Program Director along with paperwork indicating case has been resolved and attach to application.

PLEASE READ AND INITIAL NEXT TO EACH BULLET

- _____ • I understand that the ability to submit an application does not guarantee selection.
- _____ • I am aware that I should check my LACCD email on a weekly basis for any news regarding the LASC ADN Program and that I should check the LASC Nursing Program website on a weekly basis for any updates.

- _____ • I understand that if I have taken the TEAS, official results must be submitted by the application deadline. All submissions must be done through the ATI website. Even if I take the TEAS after submission of this application I am expected to submit official results by assigned date.
- _____ • I am aware that I will be notified, via my LACCD email, to take the TEAS, if needed.
- _____ • I understand that my application may not be considered for the selection pool and I may not be considered for the nursing program if the TEAS exam is not taken on the assigned date.
- _____ • I am aware that there is a mandatory orientation I must attend if I get accepted into the program (dates to be announced).

I certify that the answers I have given are true and correct and I have not withheld any facts or circumstances. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal upon discovery at any time during enrollment in the nursing program. Any part of the application that is left blank will be considered incomplete and will not be considered to the next phase.

SIGNATURE

DATE



LOS ANGELES SOUTHWEST COLLEGE

APPLICANT STATISTICAL DATA FORM

(323) 241-5461 • SoCTE, Room 132

Last Name	First Name	MI	Student ID Number
-----------	------------	----	-------------------

RACIAL BACKGROUND *(please check all that apply)*

- AMERICAN INDIAN
- NON-FILIPINO ASIAN OR PACIFIC ISLANDER
- AFRICAN AMERICAN
- FILIPINO
- HISPANIC
- CAUCASIAN
- OTHER
- UNKNOWN

AGE *(please check one)*

- 25 YEARS OR YOUNGER
- 26-30 YEARS
- 31-40 YEARS
- 41-50 YEARS
- 51-60 YEARS
- 60 YEARS OR OLDER

LANGUAGES

Are you fluent in any languages, other than English? If so, what languages _____

ADDITIONAL TESTING

Have you ever taken the SAT or ACT? No Yes

SIGNATURE

DATE