

ASSOCIATE DEGREE NURSING PROGRAM

Student Application

Application Period: November 1, 2017- February 1, 2018



Select which Program you are applying for?

- ADN Program
- LVN- ADN Advanced Placement

Are you a Veteran?

Yes No

Have you ever enrolled an RN program?

If yes, when and where _____

***if yes, complete page two of the application**

Name: _____

Last

First

Middle

Social Security Number

Address: _____ Birthday: MM/DD/YYYY _____

City/State/Zip: _____ Primary phone _____ Message phone _____

Alias(es)/Other Names: _____ E-Mail: _____

EDUCATION

HIGH SCHOOL: Please check only one item and submit supporting documentation (i.e., unofficial high school transcript, or copy of diploma, or GED/CHSPE,)

Have a high school diploma. Name of HS and Year Graduated _____

Earned a G.E.D. with a minimum score of 45(required)

Foreign Secondary School Diploma/Certificate of Graduation

Received a California High School Proficiency Certificate (CHSPE)

COLLEGES: List all colleges previously attended or currently enrolled, EVEN West Hills College. Failure to disclose ALL colleges and submit official transcripts is considered academic fraud and students will be subject to immediate dismissal.

College Name	City	State	Dates Attended	Official Transcripts Rec'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Please use reverse side for additional information				_____

One (1) OFFICIAL, SEALED COLLEGE TRANSCRIPTS (FOR EVERY COLLEGE ATTENDED), AND ONE UNOFFICIAL HIGH SCHOOL TRANSCRIPT/DIPLOMA OR GED/CHSPE TRANSCRIPT MUST BE SUBMITTED WITH YOUR APPLICATION PACKET.

Note: See West Hills College Lemoore Catalog, WHCL Counselor, WHCL Website, RN Student Handbook and the Board of Registered Nursing Website (www.rn.ca.gov) for appropriate classes and other nursing requirements.

I HEREBY CERTIFY, under penalty of perjury, that all information supplied on this document is complete and accurate to the best of my knowledge. I further understand that any misinformation, intentional or otherwise, WILL result in my removal of consideration for selection.

I also acknowledge that I have fully read and understand the Student Application Information Sheet.

Signature _____ WHCL ID# _____ Date _____