Imperial Valley College
Vocational Nursing Program

Generic Student Application

Office Use Only
Received

Date _____
Initials _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student ID _____ Last Name _____ First Name _____ Middle _____

Maiden or other name(s) used _____ Social Security # _____

Phone # (_____)_____ Alternate Phone # (_____)_____ Email Address _____

Mailing Address, City, State, ZIP Code _____

Birth Date/Age _____/_____ Gender M / F High School Attended _____ HS Grade Date or GED _____

Must attached copy of high school diploma or GED

Ethnicity: __Hispanic __White/Non Hispanic __African American __Filipino __Other_____

Have you met with a counselor to confirm program certificate or degree requirements? ___Yes ___No

List all colleges attended in chronological order.

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

NOTE: Copies of transcripts from each college attended must be attached. Official copies are not needed until acceptance into the program has been determined.

Please fill in the information in the table below.

Course	College	Units Completed	Grade
ENG 101 (Reading & Composition)			
*BIOL 090 (Anat/Physio for VNs/Hea Occ)			
AHP 100 (Medical Terminology)			
PSY 101 (General Psychology)			
**PSY 204 (Developmental Psychology)			

* Must have been taken within the past 7 years.
**This is a co-requisite; can be completed by the first semester of the program.

Emergency Contact:
In case of emergency, please contact:
Name:_____ Relationship:_____ Ph#:_____

DEADLINES:

Application forms will be accepted in the Nursing Division only during the following periods AND when a new class is scheduled to begin:

September 1st for Spring admission*
April 1st for Fall admission*

Applications must be hand delivered or mailed to the Nursing Office by the deadline; no faxed copies will be accepted

Students are admitted every three (3) semesters.

Signature of Student _____ Date _____