

LVN to RN Application for Admission

San Bernardino Valley College

Department of Nursing

Year you are applying for: **Spring 20**_____ **Due : December 1 (February start)**

Print name in full _____
Last First Middle

List all other names by which you have been known (for identification of Transcripts and Records)

Mailing address: _____
Number & Street Address

_____ City State Zip

Home phone _____ Mobile number _____ Birth date _____

e-mail _____ SS# _____ SBVC ID# _____

Person to be notified in case of an emergency: _____
Name phone Number

_____ Address City State Zip

Have you previously applied to SBVC Nursing Program or LVN to RN program? _____

List ALL High School, colleges, and universities and Vocational Nursing School attended.

Name of Institution & Location	Date Entered	Date Left	Major or Certificate Completed

Submit with this application: (when prerequisites are completed or in progress)

- Proof of High School completion (transcript or diploma, or GED, or Calif. H.S. proficiency score)
- Official transcripts (in sealed enveloped issued from institution within 6 months) from ALL colleges or universities attended except SBVC & Crafton Hills College
- Transcript from Vocational Nursing School
- California LVN license
- List of work experience as an LVN (employer, pt care unit type, starting and ending dates)

Turn-in or mail to: San Bernardino Valley College, HLS 101, 701 S. Mt. Vernon Ave., San Bernardino, CA 92410 (incomplete applications will not be accepted)

The above information is true and correct _____
Signature Date