



Application for Admission

Registered Nursing Program

San Bernardino Valley College

Semester/year you are applying for: **Fall 20** _____ **Spring 20** _____
Due Dates: **February 1 for Fall Semester** **September 1 for Spring Semester**

Check program to which applying:

- Regular RN Program**
- Transfer of nursing courses from** _____ **nursing program.**
- Foreign Graduate** (submit letter from California Board of Registered Nursing).

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 number: _____ Mobile number: _____

E-mail: _____ SS# _____ DOB: _____

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

Address City State Zip

Have you previously applied to SBVC Nursing Program? _____ When? _____

Have you previously attended another nursing program? If yes, where? _____

List ALL High School, colleges, and universities attended.

| Name of Institution & Location | Date Entered | Date Left | Major or Degree Completed |
|--------------------------------|--------------|-----------|---------------------------|
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Submit the following with this application:

(turn-in or mail to HLS 101. Application with documents below must be received by due date. Incomplete applications will not be accepted)

- Proof of High School completion (transcript or diploma or GED or Calif. H.S. proficiency score)
- Official transcripts from **ALL** colleges or universities attended, except SBVC & Crafton Hills College (issued within 6 months)

The above information is true and correct _____
Signature Date