

## Los Angeles Valley College Counseling Department – Nursing Prerequisite Evaluation

This evaluation indicates readiness to apply for the RN program only and does not constitute admission into the Nursing Program. Students must have applied and obtained an LACCD student ID number for the Nursing application to be processed. All official transcripts outside of LACCD (including high school if meeting chemistry and math competency) must be on file with LAVC’s Office of Admissions and Records before obtaining the Evaluation of Transcripts for Nursing Program Prerequisites from a counselor. Repeats and withdrawals in prerequisite courses will significantly reduce a student’s cut score.

- There is no recency requirement for Los Angeles Valley College Nursing Department.
- Please report the first completed grade for prerequisites in which you have earned a grade of C or better.
- Do not submit a Nursing Prerequisite Evaluation if you have previously received an evaluation from a counselor.
- Each of the nursing prerequisite courses must be completed with a C or better.
- Please ensure that all fields are filled out or we may consider your request incomplete.
- The Nursing Prerequisite Evaluation is not valid unless it has a counselor's signature.
- [Official transcripts](#) must be on file with the college by the posted deadline, which is Tuesday, March 15, 2022.

**Name (Last Name, First Name):**

**LACCD Student ID Number:**

**LACCD Student Email:**

**Phone Number:**

**Special Program:**

REQUIREMENTS :The first (5) courses must total at least 16 semester units or 24 quarter units:	Name of School	Course Name & Number	Units (Indicate Sem or Qtr)	Grade
<b>Example:</b>	<i>Los Angeles Valley College</i>	<i>English 101</i>	<i>3 Sem Units</i>	<i>B</i>
<b>Anatomy – Including Lab</b> (4 semester/6 quarter units)				
<b>Physiology – Including Lab</b> (4 semester/6 quarter units)				
<b>Microbiology – Including Lab</b> (4 semester/6 quarter units)				
<b>Psychology (General)</b> (3 semester/4.5 quarter units)				
<b>Psychology (Life Span)</b> (3 semester/4.5 quarter units)				
<b>Chemistry</b> - One college course with lab required or one year of HS Chemistry with lab				
<b>Mathematics</b> - meet Math competency requirement*				
<b>English Composition</b> (3 semester/4.5 quarter units)				

**\*Math Competency:** Continuing students with catalog rights from prior to Fall 2019 who place into any transfer level math course have met math competency for the Associate Degree. Students admitted Fall 2019 or later must meet math competency by verifying completion of Intermediate Algebra or higher, with a grade of “C- “ or better from a US regionally accredited high school, OR completion with a grade of “C” or higher from a regionally accredited U.S. college/university. Please contact a counselor for further information on ways to verify math competency if your catalog year is Fall 19 or later.

- The following courses are not needed for application to the nursing program, but are required in order to graduate.

LACCD GE Graduation Requirements Completed:	Name of School	Course Name & Number	Units (Indicate Sem or Qtr)	Grade
Communications (Public Speaking)				
Humanities				
American Institutions				

I hereby certify that the above information is true and correct to the best of my knowledge.

I understand that any missing information may render my application incomplete.

I acknowledge that posted deadlines must be met in order to consider my application and evaluation complete.

I acknowledge that the counselor evaluating this form has the discretion to make corrections as needed to reflect an accurate academic record.

I understand that if my [official transcripts](#) are not on file with Admissions and Records by the posted deadline, I will not receive my signed evaluation. Official transcripts must include all posted grades through Winter 2022.

Once I have received my signed copy, it is my responsibility to submit my evaluation with the application to the Nursing Department by the April 29<sup>th</sup> 4:00 pm deadline.

**Counselor Use Only**

Counselor Name:

Counselor Signature:

Date:

- In district applicant
- Out of district applicant

<b>Counselor Notes:</b>