Los Angeles Valley College

Allied Health Science Department

Application for Registered Nursing Program

For the Spring 2024 Semester

Please ensure that all fields are filled out or we may have to consider your application form incomplete.

# Personal Information

Social Security Number: Click or tap here to enter text.

Student ID Number: Click or tap here to enter text.

Are you a Veteran of the US Armed Forces: [ ]  Yes [ ]  No

LACCD Email Address: Click or tap here to enter text.

Other Email Address: Click or tap here to enter text.

Legal Last Name: Click or tap here to enter text.

Legal First Name: Click or tap here to enter text.

Middle Name: Click or tap here to enter text.

Mother’s Maiden Name: Click or tap here to enter text.

List any Legal Previous Names Used: Click or tap here to enter text.

Address: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Home Phone Number: Click or tap here to enter text.

Birthdate: Click or tap here to enter text.

Birthplace/Country:Click or tap here to enter text.

# Citizenship Status (Select One)

[ ]  U.S. Citizen

[ ]  Permanent Resident

[ ]  Temporary Resident/Amnesty

[ ]  Refugee/ Asylee

[ ]  Student Visa (F-1 or M-1)

[ ]  None Apply

[ ]  DACA Recipient

[ ]  Other: Click or tap here to enter text.

# Gender (Select One)

[ ]  Female

[ ]  Male

[ ]  Non-binary

[ ]  Decline to state
[ ]  Other: Click or tap here to enter text.

# Ethnic Group (Select One)

[ ]  Black / African American

[ ]  American Indian or Alaska Native

[ ]  Asian
[ ]  White / Caucasian

[ ]  Hispanic or Latino

[ ]  Middle Eastern or North African

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  Other: Click or tap here to enter text.

#  Colleges and Universities Attended

|  |  |  |
| --- | --- | --- |
| Please List All Colleges/Universities Attended | What semesters/years have you attended (example: Fall 2020 – Spring 2021) | Degrees |
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Do you have a LVN License: [ ]  Yes [ ]  No

Have you taken the ATI TEAS Version 7 Exam: [ ]  Yes [ ]  No

If “YES”, Did you pass on your first attempt? [ ]  Yes [ ]  No

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: [ ]  Yes [ ]  No

I hereby certify that I have correctly submitted all updated official transcripts of my classes as recent as Summer 2023: [ ]  Yes [ ]  No