



Saddleback College Registered Nursing Program Generic Student Application

Office Use Only
Received _____
Date _____
Qualifying GPA _____
Initial _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Saddleback Student ID	Last Name	First Name
Maiden or previous name(s) used	Social Security #	
() Phone #	() Alternate Phone #	Email Address

Mailing Address, City, State, Zip

Birth Date	M / F	High School Attended	HS Grad Date
	(Circle One)		

Have you previously applied to the program? Yes No Prior Application date _____
 If you have previously applied, have you taken any additional courses since your last application? Yes No
 Are you a U.S. citizen? Yes No
 Are you here on a student Visa? Yes No If yes, please provide photocopy of visa
 List other colleges where you are currently applying to a nursing program _____

Have you taken the TEAS test at a proctored location within the past year? Yes No
 If yes, what was your score? _____ Date test was taken _____

List all colleges attended in chronological order:

Colleges Attended	Units Completed	GPA
1.		
2.		
3.		
4.		
5.		

NOTE: An **official** transcript(including official direct Advanced Placement scores if used for English 1A) for each college attended must be sent to the Office of Admissions or attached to the application. **Applications will not be considered unless all official transcripts are on file by the end of the filing date.** Please fill in the information in the table below: **Transcripts become property of the college.**

Course	Term/Year	Taken at (College)	Course Title & Course # (If not taken at Saddleback or IVC)	Units	Grade
Anatomy (Bio 11)					
Physiology (Bio 12)*					
Microbiology (Bio15)					
English 1A					

*Must have been taken within the past 7 years.

DEADLINES

Application forms will be accepted in the Health Science Division Office only during the following periods and not on weekend or holidays:

- June 15-30, 2009 for Spring 2010 admission 8 am – 4:30pm M-F
- February 11, February 16—26, March 1, 2010 for Fall 2010 admission 8am – 4:30pm M-F
- Applications must be hand delivered to the Health Science Division Office.
- No applications can be mailed or faxed.

Signature of Student _____
Revised 5/09

_____ Date