



# Saddleback College Registered Nursing Program Generic Student Application

<b>Office Use Only</b>
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	Gender (Circle One)	High School Attended	HS Grad Date
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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:

- February 16, March 2, 2010 for Fall 2010 admission 8am – 4:30pm M-F
- June 15-30, 2010 for Spring 2011 admission 8 am – 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 9/09

\_\_\_\_\_ Date