Los Angeles Valley College Allied Health Science Department Application for Registered Nursing Program Spring 2025

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

Personal Information

Social Security Number:
Student ID Number:
Are you a Veteran of the US Armed Forces: \square Yes \square No
LACCD Email Address:
Other Email Address:
Last Name:
First Name:
Middle Name:
List any Previous Names Used:
Mother's Maiden Name:
Address:
Cell Phone Number:
Alternate Phone Number:
Birthdate:
Birthplace/Country:
Citizanchin Ctatus (Calast Ona)
Citizenship Status (Select One)
☐ 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.
_ other. click of tup field to clitch text.

☐ Female ☐ Male			
☐ Non-binary			
☐ Decline to state			
\square Other: Click or tap here to enter t	ext.		
Languages Spoken at Hor	no		
	iii e		
☐ Arabic			
☐ Chinese (any dialect)			
☐ English ☐ Farsi			
□ Russian			
☐ Tagalog			
☐ Other: Click or tap here to enter t	ovt		
Other. Click of tap here to enter t	ext.		
Ethnic Group (Select One)			
☐ African American			
☐ American Indian or Alaska Native			
☐ Asian			
☐ Caucasian			
☐ Hispanic or Latino			
☐ Middle Eastern or North African			
\square Native Hawaiian or Other Pacific	slander		
\square Other: Click or tap here to enter t	ext.		
Colleges and Universities			
Please List All Colleges/Universities	What semesters/years have you	Degrees	
Attended	attended (example: Fall 2020 – Spring 2021)		
	(example: Fall 2020 – Spring 2021)		

Gender (Select One)

Do you have a LVN License: \square Yes \square No	
Have you taken the ATI TEAS Version 7 Exam: \square Yes \square No	
If "YES", Did you pass on your first attempt? \square Yes \square 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: \Box Yes \Box No	ł
I hereby certify that I have correctly submitted all updated official transcripts of my classes as recent as Summer 2024: \square Yes \square No	