

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:  Yes  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:

### 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.



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 2024:  Yes  No