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

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

Personal Information

Do you have a Social Security Number: ☐ Yes ☐ No

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:

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:

Gender (Select One)

☐ Female
☐ Male
☐ Non-binary
☐ Decline to state
☐ Other:

Languages Spoken at Home

☐ Arabic
☐ Chinese (any dialect)
☐ English
☐ Farsi
☐ Russian
☐ Spanish
☐ Tagalog
☐ Other:

Ethnic Group (Select One)

☐ African American
☐ American Indian or Alaska Native
☐ Asian
☐ Caucasian
☐ Hispanic or Latino
☐ Middle Eastern or North African
☐ Native Hawaiian or Other Pacific Islander
☐ Other:

Colleges and Universities Attended

Please List All Colleges/Universities Attended	What semesters/years have you attended (example: Fall 2020 – Spring 2021)	Degrees

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 Winter 2025: ☐ Yes ☐ No