NURSING DEPARTMENT APPLICATION

LOS ANGELES SOUTHWEST COLLEGE
1600 W. IMPERIAL HIGHWAY
LOS ANGELES, CA 90047
(323) 241-5461

Today's Date

Name: Last	**First**	**Middle**	
Address: Number	**Street**	**Apt. or P.O. Box**	
Day Phone	**City State Zip**	**Social Security Number**	
Evening Phone	**Pager or cell phone**	**Email address**	
Person to notify in case of emergency	**Phone Number**		

High School Name:	**School Address**	
State	**Date Graduated**	**GED Yes ☐ No ☐**
Date GED issued mm/yy	**GED test site address**	
Have you ever attended LA Southwest College	**Yes ☐ No ☐**	
Do you have a college degree Yes ☐ No ☐	**Degree** _____	**College** _____
YOU MUST SEND FOR ALL OFFICIAL TRANSCRIPTS. ITS IS THE STUDENT'S RESPONSIBILTY TO VERIFY THAT HIS/HER RECORDS HAVE BEEN RECEIVED IN THE OFFICE OF ADMISSIONS AND RECORDS AND THE NURSING DEPARTMENT.		

Please choose a clinical schedule **Day Clinical (7:00 – 2:00 p.m.) _____**
Evening clinical (4:00-11:00p.m.) _____

Please choose the semester you are applying for Fall___ Spring ___ Year 20 _____

Have you ever been convicted of any offense other than minor traffic violations? Yes_____No_____
If yes, explain fully in a letter and submit to the Program Director. Additionally, when you complete the program, you will be required by the Board of Registered Nursing to explain your conviction(s) arrest(s) and submit additional information.

_____
Signature **Date**

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