

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

STUDENT ID # \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Circle One: Work Cell Other) \_\_\_\_\_

Please type or print neatly. Complete <u>all</u> of the following information <u>in ink</u> . Attach OFFICIAL transcripts from all other colleges and UNOFFICIAL transcripts from Long Beach City College. All supporting documentation must be submitted with the application to be considered.	
OVERALL GPA: _____ Must be 2.0 or higher based on all grades from all colleges attended.	
MATH PROFICIENCY MET FOR GRADUATION: or completion of MATH815 or higher with a grade of "C" or better, or assessment results indicating placement into MATH110 or higher.	
READING PROFICIENCY MET FOR GRADUATION: or completion of READ82/READ83 with grade of "C" or better, or Bachelor's Degree from accredited U.S. college/university (Foreign transcript evaluation not accepted for Reading)	
WRITING PROFICIENCY MET FOR GRADUATION: Qualification for English 1, or completion of English 105	
HIGH SCHOOL: High School diploma or GED or Bachelor's Degree from an accredited U.S. college or university (Foreign transcripts indicating High School equivalency must be evaluated and deemed equivalent to 12 <sup>th</sup> grade education in the U.S.) All foreign (outside the U.S.) transcripts must be evaluated by Academic Credentials Evaluation Institute, Inc. (ACEI) only. An official report must be submitted with application.	
Name of High School: _____ City: _____ State: _____	
Attach <b>official</b> transcripts from <b>all</b> colleges and universities attended. Transcripts from LBCC may be unofficial.	
BIO 60 (Human Biology 1) (Lecture only, Lab not required) or Equivalent. Equivalency forms available in Nursing & Allied Health office, located in Building C, Room C101 of the LAC Campus. Please attached signed copy of form with application. Course: _____ Grade/Units _____ / _____ Sem/Year _____ / _____ College/Univ. _____	
California Certified Nursing Assistant (CNA): Certificate: # _____ / Expiration Date: _____ or Completion of VN 215 (Fundamentals of Nursing) AND California C.N.A. competency exam and certificate. Course: _____ Grade/Units _____ / _____ Sem/Year _____ / _____ College/Univ. _____	
VN 225 or ADN 225 (Pharmacology): Course: _____ Grade/Units _____ / _____ Sem/Year _____ / _____ College/Univ. _____	
VN 220 (Transition to Vocational Nursing): Course: _____ Grade/Units _____ / _____ Sem/Year _____ / _____ College/Univ. _____	
VN 240 (Mental Health Nursing): Recommended prior to starting; may be taken first semester of program (NO EXCEPTIONS) Course: _____ Grade/Units _____ / _____ Sem/Year _____ / _____ College/Univ. _____	
This program gives priority admission to eligible U.S. veterans and their spouses. Applicant names are cross-matched to the LBCC Office of Veterans Affairs database for eligibility. Please contact the LBCC Office of Veterans Affairs in Building E, Lower Level.	
Are you an eligible U.S. veteran or spouse of an eligible U.S. veteran? (Check one): Yes No	

By signing this application, you are affirming that all provided information is true and complete and that an incomplete application will not be considered. You need to provide all supporting documentation at the time of application submission. Please note that the ability to submit an application does not guarantee selection.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Stamp only indicates application received, not evaluated.