	Los Angeles Ha		200			ı Form			3		*	4			
Associate Degree Nursing			orogram Complete t			is page	Route		Semest	Semester		Year			
														0	
Last Name First Na		First Nan	ne	Mide	Middle Name		LACCI) Student ID #	ID# Social Security #		‡	Date of Birth			
•							@STUDENT.			ACCD.EDU					
Street Address			City	City		Zip	LACCI	Email Addre	SS	5			Primary Phone		
Have you taken the ATI TEAS Previously?		If "YES,"	If "YES," where?			First AT	l TEAS Score:			send scores until requested. Be advised, we % or greater on the first attempt only .					
Have you ever participated		If "YES" visit the Nursing website for a Transfer								you must attach military documentation to your					
in another RN program?										on. (e.g. DD-214)					
Highest education completed			If you are viewing this that means the								nded in order of most recently attended.				
1) 2)				If you are viewing this that means the											
3)			application period for LAHC's Nursing												
Transcripts from all institutions listed al			application period for LAHC's Nursing							ipts separately to the Nursing department.					
Subject e.g. English 101			Program is not yet open. Please visit the								Institution e.g. LAHC				
Pre-Requisites	Anatomy 001														
	Anatomy Lab (if separate)		Nursing website under "Prospective												
	Physiology 001														
	Physiology Lab (if separate)		Students" for the next filing dates, as												
	Microbiology 020		wall as what you pood to know to be												
	Microbiology Lab (if separate)		well as what you need to know to be												
	English 101		eligible.												
	Psychology 001		Cligible.												
	Psychology 041														
	Chemistry with lab														
	Math 123C or 125 or higher										_				
Co-Requisites	Communication Studies 10	and tested to serve 15													
	Sociology 001 or Anthropology 102						-								
	American Institutions						X. 0								
100.00	Humanities erify that all information above is comp		stless and su	io I imalomat	and that fa	las informa	rian will man	le I							
in	disqualification for conside	ration or a	dmittance to	ittance to the nursing program. I also underst will be used SOLELY for any and all commun				id that my Demographics - I HIS IS REQUIRED							
		,,													
Pri	Printed Name Sig		nature			Date		Age Group	Gender		Ethnicity		*If "Other"		

Print Form

Reset Form