

This form is required of all students applying to the Registered Nursing program at LAHC who have previously enrolled in a nursing program at another institution. Please fill the form as completely and honestly to the best of your ability.

Student Name:	Previous Name(s):
Address:	Email:
Phone:	Alt Phone:
Previous Institution:	
Type of previous nursing program: <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER_____	
Dates of Enrollment:	

Student's Section

What is the reason for your withdrawal from the previous nursing program?

Was your **academic status** satisfactory at the time of withdrawal from the program? Yes No, please explain.

Was your **clinical status** satisfactory at the time of withdrawal from the program? Yes No, please explain.

Are you eligible to return to the previous nursing program? Yes No, please explain.

Director's Section

According to the Board of Registered Nursing guidelines, a nursing program is not able to accept a student from another program that is deemed unsafe in the academic setting or clinical practice.

As Program Director, do you agree with the above information provided by the student? Yes No, please explain.

As Program Director, do you recommend this student to proceed in the study of nursing? Yes No, please explain.

Director's Name:

Signature:

Date:

This form is to be mailed in a sealed envelope by the Program Director to

Los Angeles Harbor College | Nursing & Health Sciences | 1111 Figueroa Place | Wilmington, CA 90744