



Attach 2x2 photo here  
Name on back of photo

All requirements and documentation must be completed and submitted in person to the Nursing Education Department from Sept. 1<sup>st</sup> through Nov. 1<sup>st</sup>. Applicants are notified by email of committee decision into the nursing program.

**Applicant Name:** \_\_\_\_\_

**Application to the Associate of Science Degree in Nursing and LVN to RN STEP-UP Program [citycollegenursing@sdccd.edu](mailto:citycollegenursing@sdccd.edu)**

This application must be completed in full and submitted with required documents in order to be considered for admission. Please review it carefully. All information shared remains confidential and will only be used for statistical reporting, clinical data reporting, and program record keeping. Correspondence regarding application will be via the email stated on this application, please check one; **LVN-RN: Advanced Placement**  or **RN: Generic**

Name: \_\_\_\_\_  
Last First Middle Email Address: (Gmail **ONLY**)

Previous Name (s) on records/transcripts: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (Required by the Board of Registered Nursing) U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip (\_\_\_\_\_) phone number

**Gender:** Male  Female  **Ethnicity:** American Indian or Alaskan Native  African-American  Asian or Pacific Islander  Hispanic  Filipino  White  Other: \_\_\_\_\_

**Have you ever been enrolled in a LVN or RN Nursing Program? If so, name of the school?** \_\_\_\_\_

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course Yes/No?	Year Completed	Name of College	Letter Grade Received
Anatomy <b>or</b> Anatomy & Physiology I						
Physiology <b>or</b> Anatomy & Physiology II						
Microbiology						
English Composition						
Intermediate Algebra						
Communications/Speech						
Psychology						
Behavioral or Social Science/Anthropology						

**PLEASE NOTE: The "Fixed Set" GE courses used in this application are still subject to evaluation and approval by the College for completion of the Associate Degree. Minimum prerequisite Science GPA of 2.5 is required to apply.** Physiology and Microbiology must have been taken within 7 years of the application date (10 years for Anatomy) and only one (1) repeat of one (1) science prerequisite course is allowed.

**Note:** Official College transcripts from ALL colleges attended must be evaluated by the district office for this application. Applications will only be accepted after all transcripts have been evaluated by the District Evaluation Office. In addition, submit official copies of transcripts from ALL colleges attended with this application. Documentation is required for the following areas of the Multi-Criteria Point System

College Degrees	Name of College	Years Attended	Degree Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allied Health Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Vocational Nursing License? Yes \_\_\_\_\_ No \_\_\_\_\_ Please submit copy.  
 Documented recent (**within last 3 years**) Health Care work or volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_ **Submit evidence on letterhead (no copies)**

**Life Experience or special circumstances:**  
 Documented accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ **please submit a letter from DSPS, copy of DD214 form, or physician statement.**  
 Documented eligibility for Financial Aid, Cal works, BOGFW-B, Federal Pell grant. Yes \_\_\_\_\_ No \_\_\_\_\_ **Please submit copy of award letter.**  
 First generation of your family to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Documented employment during pre-requisite course work? Yes \_\_\_\_\_ No \_\_\_\_\_ **Submit letter from employer on letterhead verifying dates employed.**  
 Disadvantaged Social/Educational Environment? \_\_\_\_\_ **EOPS verification required.**  
 Recent difficult family or personal circumstances (within the last 6 months?) Yes \_\_\_\_\_ No \_\_\_\_\_ **Please describe (on separate page)** \_\_\_\_\_  
 Documented Refugee? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Documented Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse of Veteran/Active Military? Yes \_\_\_\_\_ No \_\_\_\_\_ **please submit a copy of DD214 form.**

Check the language(s) in which you are fluent: (Requires a letter on letterhead from a school, community organization or place of employment or Documented proficiency or advanced level (level 3) of **college** coursework in languages other than English. **Official transcripts required**

American Sign  Spanish  Tagalog  Arabic  Chinese  Farsi  Russian  Various languages of Indian Subcontinent and Southeast Asia

**TEAS TEST Subscale Scores:** Reading- \_\_\_\_\_ Math- \_\_\_\_\_ Science- \_\_\_\_\_ English/Language- \_\_\_\_\_ **Composite Score-** \_\_\_\_\_

Only Official TEAS results, sent by ATI will be accepted. A score of 62 is required in each subscale to apply to the Nursing Program.

**The above information is truthful and accurate. Failure to disclose accurate information will result in your application being removed from consideration by San Diego City College nursing program.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INFORMATION: Send an Email about any changes in address, phone number or email to:** [citycollegenursing@sdccd.edu](mailto:citycollegenursing@sdccd.edu)  
**Please Initial** \_\_\_\_\_ **indicating you have read the statement regarding notifying the program about changes in contact information**  
 Submit application in person 1313 PARK BLVD SAN DIEGO, CA 92101 ROOM V-312N or if mailed; application must be in the NRSE office before deadline & post marked in order to be accepted.

### **San Diego City College Nursing Application Check List**

Applications must be complete at the time of submission. Required documents must be submitted with the application packet. No additional documents will be accepted at a later time. No exceptions. This form must accompany the nursing program application

- Test of Essential Academic Skills (TEAS) results sent electronically from ATI to [citycollegenursing@sdccd.edu](mailto:citycollegenursing@sdccd.edu) (minimum score of 62 in each subscale)
- 2x2 photo (size of a passport photo can be taken by any facility that offers passport photos)
- Please put your name on every page of the application and on the back of your picture
- Official transcripts for ALL college course work must be included in the application packet
- LVN license a copy of your license is required for LVN-RN Step-Up Program applicants
- Certified Nursing Assistant (CNA) license
- LVN transcripts (if applicable, a copy of transcripts indicating LVN coursework completion)
- Allied Health Certificate(s) (a copy of the certificate is required)
- Relevant work or volunteer experience verification
- DSPS documentation
- Financial Aid award letter i.e. Cal Works, BOGFW-B, Pell Grant
- Need to Work while completing prerequisites (documentation from employer on company letterhead verifying dates of employment)
- First generation of family to attend college (statement from applicant)
- Disadvantaged social or educational environment (EOPS verification)
- Difficult personal and family situations or circumstances (statement from applicant)
- Veteran/Active Duty or Spouse of Veteran or Active Duty Military (copy of ID/DD214) included)
- Refugee (copy of the card indicating refugee status)
- Documented proficiency or advanced level of coursework in languages other than English, including American Sign (official transcripts indicating advanced level coursework or a letter from employer or volunteer agency on company letterhead verifying proficiency)
- Immunization records (hard copies of all immunizations, titres or other appropriate tests).

# Application Review and Point Assignment

## San Diego City College Nursing Education

Rev: June, 2019

Name \_\_\_\_\_ Date 2019 Time \_\_\_\_\_ Received By \_\_\_\_\_

CRITERIA	MAX POINTS	POINTS ASSIGNED	TOTAL POINTS
<b>TEAS V1:1<sup>st</sup> attempt only</b> <b>91-100: 32pts 70-75: 18pt</b> <b>86-90: 28pts 62-69: 15pt</b> <b>81-85: 24pts &lt;62: 0 pt.</b> <b>76-80: 21pts</b>	<u>32</u> Reading 62% Math 62% Science 62% English 62% or higher		
<b>Bio-GPA</b> 4.0: 30 pts 3.5-3.99: 25 pts 3.0-3.49: 20 pts 2.5-2.99: 15 pts	<u>30</u>		
<b>Fixed Set- GPA</b> 4.0: 15 pts 3.5-3.99: 13 pts 3.0-3.49: 11 pts 2.5-2.99 : 9 pts 2.0-2.49: 7pts	<u>15</u>		
<b>Degrees:</b> points only for one only highest degree BA/BS/ MS: 10 pts AS: 5 pts <b>Work:</b> HC field or <b>Volunteer:</b> HC Field: 5 pts <b>Allied Health License:</b> 5 pts	<u>10</u>		
<b>CNA/LVN</b>	<u>5</u>		
<b>Life Experience:</b> <u>1 point each</u> a. Disability: b. Fin Aid: c. 1 <sup>st</sup> generation attending: d. Employed during pre-req: e. EOPS: f. Difficult Family/ Personal: g. Refugee: h. Active Duty/or Spouse of Active Duty or Veteran:	<u>5</u>		
<b>Language :</b> Fluent or Level 3 or higher: <b>3pts</b>	<u>3</u>		

\*Student Gmail \_\_\_\_\_

\*In order to ensure the email is correct a receipt will be sent via email. If you do not receive email within 24 hours please notify the SDCC-Nursing Education Department –by [citynursing@sdccd.edu](mailto:citynursing@sdccd.edu).

\*San Diego City College Nursing Education - Applicant Receipt Fall 2019  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Received by \_\_\_\_\_