



**SOUTHWESTERN COLLEGE  
STEP UP Program LVN to ADN  
APPLICATION**

**PLEASE TYPE AND PRINT OUT FORM**

Last Name:	First Name:	Middle:
<i>If no middle name use NMN</i>		
Previous Name/Maiden Name:		
<i>Important if your records reflect a name different from above</i>		
Social Security Number:	Birth Date:	SWC ID #
<i>(Required by the Board of Registered Nursing)</i>		<i>(Required at time of application)</i>
Address:	City:	State:      Zip Code:
Phone:	Alternate Phone:	Email Address:
Emergency Contact Name:		Emergency Contact Number:
High School Name:	City:	State:
<i>(A copy of HS diploma, transcripts, GED)</i>		

**\*MANDATORY Prerequisite courses need to be completed to apply**

Dosage Calculation Test will be scheduled after application deadline, nursing department will notify applicants of test day and time.

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
* Anatomy <b>or</b> Anat & Physio I			Yes/No			
*Physiology <b>or</b> Anat & Physio II			Yes/No			
*Microbiology			Yes/No			
*English Composition			Yes/No			
*Intermediate Algebra			Yes/No			
*Communications/Speech			Yes/No			
*Psychology			Yes/No			
*Lifespan or Child Development			Yes/No			
* LVN Program			Yes/No			
<b>Dosage Calculation Test</b>	-----	-----	-----	-----	<i>TO BE COMPLETED AT SOUTHWESTERN COLLEGE</i>	-----



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**\*\*PLEASE NOTE:** If science prerequisites and other general education requirements were not completed at SWC, it is the students' responsibility to complete and provide proof of Pre-requisite Evaluation Request for Program Enrollment form via Pre-Requisite Office, please attach form with this application.

**Minimum prerequisite science G.P.A. of 2.5 is required to apply.** Physiology & Microbiology must have been taken within 7 years of the application date (10 years for Anatomy). Only 1 repeat of 1 science is allowed to apply to the program.

**Submit UNOFFICIAL transcripts of ALL college coursework and unofficial TEAS results *with this* application IN PERSON to 8100 Gigantic Street, Rm. 4401 San Diego, CA 92154. Your application is incomplete until ALL documents are submitted. OFFICIAL transcripts MUST be sent directly from your institution to SWC 900 Otay Lakes Road Chula Vista, CA 91910 prior to applying.**

**DEGREES EARNED**

Name of College	Years Attended	Degree Awarded

Allied Health Certificate? Yes ☐ No ☐ Vocational Nursing License? Yes ☐ No ☐ if yes, License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Work Experience as an LVN Yes ☐ No ☐ Number of Years? \_\_\_\_ Institution Name: \_\_\_\_\_ (Provide Letter from Institution)

**Life Experience or special circumstances: Documentation required**

Do you have a documented disability? Yes ☐ No ☐ *Please submit a letter on official letterhead describing the disability.*  
Documented eligibility for Financial Aid, Cal works, BOGFW-B, Federal Pell grant. Yes ☐ No ☐ *Please submit proof of eligibility.*  
Are you the first generation of your family to attend college? Yes ☐ No ☐ *Please submit a brief statement with your signature.*  
Documented employment during pre-requisite course work? Yes ☐ No ☐ *Submit letter from employer on letterhead verifying dates employed or pay stub*  
Disadvantage socially or educationally? Yes ☐ No ☐ *Please submit a brief statement with your signature.*  
Are there any recent difficult family or personal circumstances? Yes ☐ No ☐ *Please describe by attaching a brief letter.*  
Documented Refugee? Yes ☐ No ☐ Documented Veteran? Yes ☐ No ☐ Spouse of Veteran? Yes ☐ No ☐ *Please submit proof*

Documented proficiency or advanced level of coursework (2<sup>nd</sup> level or higher) in languages other than English, including American Sign? Yes ☐ No ☐

List the Language courses you have taken \_\_\_\_\_ *Unofficial transcripts required* School Name: \_\_\_\_\_

Check the language(s) in which you are fluent: American Sign ☐ Spanish ☐ Tagalog ☐ Arabic ☐ Chinese ☐ Farsi ☐ Russian ☐

Various languages of Indian Subcontinent and Southeast Asia ☐ Other \_\_\_\_\_



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**Test of Essential Academic Skills (TEAS) Version 5 Score:** \_\_\_\_ **(1st attempt)** Passing score is 62. Please *attach copy of results*.

**COMPLETE FOR STATISTICAL PURPOSES ONLY:**

**Gender:** ☐ Male ☐ Female

**Ethnicity:** ☐ African-American ☐ American Indian/Alaskan Native ☐ Filipino ☐ Asian ☐ Non-Filipino Asian or Pacific Islander ☐ Pacific Islander  
☐ White/ non-Hispanic ☐ Hispanic ☐ Unknown/Non-Respondent ☐ Other/ non-white

**U.S. Citizen?** Yes ☐ No ☐

**Additional Languages?** Yes ☐ No ☐ \_\_\_\_\_

**Have you taken the Dosage Calculations Test?** Yes ☐ No ☐ **\*\*Dosage Calculation score will only be valid the same application year\*\***

**Did the school where you took TEAS provide an accommodation for documented disability?** Yes ☐ No ☐

**Language spoken at home:** ☐ Arabic ☐ Chinese including dialects ☐ English ☐ Farsi ☐ Russian ☐ Spanish ☐ Tagalog ☐ Other

**Age at date of enrollment:** ☐ Under 19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ Over 50 **(Categorize):** \_\_\_\_\_

Are you currently enrolled or have you ever been enrolled in another Nursing Program ☐ Yes ☐ No

If so, give the name of the school \_\_\_\_\_

Date Attended: \_\_\_\_\_

Did you pass the PN-NCLEX exam on the first attempt? ☐ Yes ☐ No

**All requirements and documentation must be completed in full and submitted to the Nursing Office to be considered for admission.**

**All accepted students will be notified via email.**

**To the best of my knowledge, the above information is truthful and accurate. Failure to disclose accurate information or if you are accepted into another Nursing Program will result in your application being removed from consideration by Southwestern College Nursing Program.**

**Important:** If you have a change in address, phone number or email, you must contact the Nursing Office by sending an email to [nursing@swccd.edu](mailto:nursing@swccd.edu). Your admission status will be compromised if we are unable to reach you. Once your application is submitted to our office, it becomes the sole property of the Nursing Department. If not accepted into the program, your application will be discarded. **Please initial** \_\_\_\_\_ (indicating that you have read this statement).

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

**For Official Use Only:** Application Packet Complete ☐ Date application received: \_\_\_\_\_ Initials: \_\_\_\_\_



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## **Student Application Checklist**

You will need **ALL** of the following items at the time of application, please make copies of your records prior to applying.

- ☐ Application
- ☐ SWC ID Number (required at time of application)
- ☐ Unofficial Transcripts attached to application (**OFFICIAL** transcripts must be submitted to Admissions & Records: 900 Otay Lakes Road Chula Vista, CA 91910)
- ☐ Copy of:
  - Social Security Card
  - Driver's License/State ID
  - CPR certification – Healthcare Provider from the American Heart Association
  - TEAS Test results (unofficial copies will suffice)
  - LVN certification
  - U.S. High School Diploma/GED or high school transcripts (**All foreign degrees must be evaluated by an agency prior to applying**)
  - Student Educational Plan (**Must be program specific and preferably dated within 6 months at time of application**)
  - Immunization card/record or titers (lab work)
  - Pre-requisite Evaluation Request for Program Enrollment Form via Pre-requisite Office. To clear external pre-requisites ( if applicable)
- ☐ Physical Examination Form with all immunizations completed
  - 2 MMRs or Titers for Measles, Mumps, Rubella
  - 2 Varicella or Titers (if you had the disease you will need titers)
  - 3 Hepatitis B or Titers
  - Tdap (within 5 years at time of application)
  - Flu (must be current season)
  - 2-Step Intradermal TB Mantoux Test or Titers (Quantiferon TB) or chest x-ray within 5 years.
- ☐ If applicable, letters or verification of the following:
  - \* Disability
  - \* Financial Aid
  - \* Refugee
  - \* First generation
  - \* Letter verifying 1 year work experience on letter head
  - \* Disadvantage
  - \* Personal or family difficulties
  - \* Recent difficult circumstances
  - \* Employment during prerequisites

***\*Your immunization records or titer results MUST accompany the application packet***