SOUTHWESTERN COLLEGE
ASSOCIATE DEGREE NURSING (ADN)
APPLICATION

Last Name: First Name: Middle:
(If no middle name use NMN)

Previous/Maiden Name:
(*Important if your records reflect a name different from above)*

Social Security Number: SWC ID # *(Required at time of application)*

Birth City: Birth State: Birth Date:
(Required by the Board of Registered Nursing)

Address: City: State: Zip Code:

Phone: Alternate Phone: Email Address:

Emergency Contact Name: Emergency Contact Number:

High School Name: City: State:
(A copy of HS diploma, transcripts, GED or higher education degree is required to apply)

***MANDATORY: Prerequisite courses need to be completed to apply. 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 course is allowed to apply to the program.

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
*****Anatomy **or** Anat & Physio I			Yes/No			
*****Physiology **or** 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			
Certified Nursing Assistant (Highly recommended)						

Southwestern College Nursing & Health Occupation Programs
8100 Gigantic Street San Diego, CA 92154
Office (619) 482-6352 • Fax (619) 216-6603 • email: nursing@swccd.edu • Nursing website: http://www.swccd.edu/nursing

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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 Prerequisite Office. Please attach prerequisite form with this application.**

Are you currently enrolled or have you ever been enrolled in another nursing program? ☐ Yes ☐ No
If so, give name of the school _____ Date Attended: _____

DEGREES EARNED		
Name of College	**Years Attended**	**Degree Awarded**

Vocational Nursing License? Yes ☐ No ☐ If yes, License Number _____ **(copy required).**
Do you have a Certified Nurse Assistant (CNA) license Yes ☐ No ☐ Where did you take the CNA course _____ **(copy required)**

Do you have a documented disability? Yes ☐ No ☐ ***Submit a letter on official letterhead describing the disability or copy of DSS evaluation.***
Documented eligibility for Financial Aid, Cal works, BOGW, Federal Pell Grant. Yes ☐ No☐ ***Please submit proof of eligibility (award letter).***
Are you the first generation of your family to attend college? Yes ☐ No ☐ ***Please describe by attaching a brief statement.***
Documented employment during prerequisite course work? Yes ☐ No ☐ ***Submit letter from employer on company letterhead verifying dates employed or 1st and last pay stub.***
Disadvantage socially or educationally? Yes ☐ No ☐ ***Please describe by attaching a brief statement.***
Are there any recent difficult family or personal circumstances? Yes ☐ No ☐ ***Please describe by attaching a brief statement.***
Documented Refugee? Yes ☐ No ☐ Documented Veteran? Yes ☐ No ☐ Spouse of Veteran? Yes ☐ No ☐ ***Please submit proof***

Documented proficiency or advanced level of coursework (2nd 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 _____

Test of Essential Academic Skills (TEAS) Version 5 Score: ____ Passing score is 62. Second attempt of TEAS accepted with proof of remediation course prior to retesting within six months of first test date. Must attach both test scores and proof or remediation,

Approved courses are listed on our website.

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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

Additional Languages? Yes ☐ No ☐

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

For DSS students only:
Did the school where you took the TEAS provide an accommodation for a documented disability? Yes ☐ No ☐

U.S. Citizen? Yes ☐ No ☐

Age at date of enrollment: ☐ Under 19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ Over 50

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 true and correct. Failure to disclose accurate information may result in candidate not being accepted in program or to continue in program. If you are accepted into another Nursing Program please inform Southwestern College Nursing Program as soon as possible via email.

Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing via email to 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 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** **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

□ Unofficial Transcripts attached to application, including SWC.

- **OFFICIAL** transcripts must be submitted to SWC 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)
- TEAS remediation proof (if applicable)
- CNA license
- High School Diploma/GED or high school transcripts
- Student Educational Plan (within the last 6 months must be created by an academic counselor and must be program specific)
- Immunization card/record and/or titers (lab work)
- Pre-requisite Evaluation Request for Program Enrollment Form via Pre-requisite Office to clear external pre-requisite courses (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
* Disadvantage
* Personal or family difficulties
* Recent difficult circumstances
* Employment during prerequisites

Your immunization records or titer (lab work) results MUST accompany the application packet.

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