



All requirements and documentation must be completed and submitted to the Nursing Office with this application during the application period to be considered for admission. Applicants are notified by email upon acceptance into the nursing program. Please visit our website for the application periods- www.grossmont.edu/nursing/

GROSSMONT COLLEGE: ADN and LVN to RN Nursing Program Application

Name _____ Home Phone _____
Last First Middle
Previous Name(s) _____ Alternate Phone (Cell) _____
(Important if your records reflect a name different from above)
Address _____ Social Security Number _____
Street (Required by the Board of Registered Nursing)
City State Zip Birth Date _____
(Confidential—for records only)
E-mail Address _____ High School (Name, City, State) _____
(**Proof** of completion of High School, GED or a higher degree is required to apply)

Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing. Your admission will be compromised if we are unable to reach you. Email changes to: grossmont.nursing@gcccd.edu. Please initial acknowledging this requirement ☐.

Note: Catalog course descriptions must be included for all prerequisite coursework if the course or college is not listed on the Equivalency Grid.

Science prerequisites & GE required courses for the Nursing Major	Course Number	No. of Units	Lab Course Yes/No?	Year Completed	Name of College	Letter Grade Received	For Office use only
Anatomy							
Physiology/ Physiology Lab							
OR							
Anatomy & Physiology I and Anatomy & Physiology II	/					/	
Microbiology							
English Composition							
Intermediate Algebra							
Communications/Speech							
Psychology							
Sociology							

Application packet received: _____
(For office use only)

PLEASE NOTE: The “Fixed Set” GE courses used in this application are subject to evaluation and approval by the College for completion of the AS degree. Minimum prerequisite science GPA of 2.5 is required to apply. Physiology and Microbiology must be completed within 7 years of the application date, 10 years for Anatomy. Only one (1) repeat of one (1) science prerequisite course is allowed. Online science lab courses are not accepted. Applications will be considered only after successfully completing the required coursework and official transcripts from all prerequisites and the major (noted on page 1) are included. **Submit all official transcripts for all prerequisite courses to the Nursing Program Office with this application.** GCCCD transcripts can be obtained by the Nursing Program Office.

Note: It is highly recommended that you make an appointment with a college counselor prior to submitting an application to ensure that all Nursing Major requirements are complete. All General Education requirements must be fulfilled prior to entering the program.

College Degrees	Name of College	Years Attended	Degree Awarded	Points (Office only)
		-		
		-		
		-		

Allied Health Certificate? Yes _____ No _____ Vocational Nursing License? Yes _____ No _____ (A copy of your license is required to apply)
 Documented recent Health Care work or volunteer experience (within the last 3 years)? Yes _____ No _____

Life Experience or special circumstances: Documentation required (see Application Packet check-off list for more information).

Documented Veteran? Yes _____ No _____ Spouse of a Veteran? Yes _____ No _____ **Please submit copy of DD214 form.**

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 a copy of documents.**

Are you the first generation of your family to attend college? Yes _____ No _____ **Submit a self-statement indicating first generation.**

Documented employment during pre-requisite course work? Yes _____ No _____ **Submit letter from employer on letterhead verifying dates employed.**

Are you an EOPS student? Yes _____ No _____ **Please submit verification.**

Do you have any recent difficult family or personal circumstances? Yes _____ No _____ **Submit a self-statement describing difficulty.**

Documented Refugee? Yes _____ No _____ **Submit a copy of refugee status.**

Documented proficiency or advanced level of coursework in languages other than English, including American Sign? Yes _____ No _____

List the Language courses you have taken _____ (Official transcripts required)

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

Various languages of Indian Subcontinent and Southeast Asia ☐ **must have advanced coursework documentation or a letter on employer letterhead verifying fluency.**

FIRST Test of Essential Academic Skills (TEAS) Score: _____ (points are awarded on the 1st TEAS test taken only) _____ for office use only

COMPLETE FOR STATISTICAL PURPOSES ONLY: Ethnicity: ☐ American Indian or Alaskan Native ☐ African-American ☐ Asian or Pacific Islander ☐ Hispanic ☐ Filipino ☐ White ☐ Other: _____ Gender: ☐ Male ☐ Female

To the best of my knowledge, the above information is truthful and accurate. Failure to disclose accurate information will result in your application being removed from consideration by the Grossmont College nursing program.

Grossmont College School of Nursing
 8800 Grossmont College Drive
 El Cajon, Ca. 92020
 619-644-7300
www.grossmont.edu/nursing

Applicant Signature: _____
 Date: _____