



MOUNT VERNON CAMPUS NURSING PROGRAM PERSONAL INFORMATION & APPLICATION FORM

Only Complete Packets Will Be Considered

Personal Information:

Name: _____
Last First Middle Previous Last Name

Address: _____
Street

_____ Phone: () (home)
City State Zip Alternate: () (Cell)

Student ID Number: _____ - _____ - _____ Birthday: ____/____/____
mm/dd/yyyy

Entry Level:

___ First year, first quarter RN Program, Mount Vernon campus (both years of 2 year RN program)

___ Second year, first quarter RN Program, Mount Vernon campus (LPN transfer must take NURS 165)

___ Other entry RN Program, Mount Vernon campus ___NURS 162, ___NURS 163, ___NURS 201, ___NURS202, ___NURS 203 (Please check)

Current Licensure:

NAC Licensure Number (Required for 1st yr) State Where Licensed Expiration Date

LPN/LVN Licensure Number (If applicable) State Where Licensed Expiration Date

Professional Health Care Provider CPR Card (Required) State Where Licensed Expiration Date

Prerequisite Courses: (Based on 2008-2010 Catalog) Please attach a copy of your Skagit Valley College Transcript Evaluation. Please indicate the classes you have completed. It is very important to include credits, grade, quarter completed and school of completion for evaluation purposes. All official transcripts must be on file in the Admissions Office.

Courses	CR	Grade	Quarter Completed	School of Completion
ENGL& 101* English Composition I				
MATH 100 or above* Survey of Applied Math				
PSYC& 100 General Psychology				
PSYC& 200* Lifespan Psychology				
CHEM& 121* Intro to Chemistry				
BIOL& 241* Human A&P I				
BIOL& 242* Human A&P II				
BIOL& 260* General Microbiology				

*Must have a C or better in required Nursing course prerequisites listed above. *May require prerequisites before taking.
 Must have a 3.0 overall GPA (8 courses listed above) and a 3.0 Science GPA (4 science courses listed above)*

All applicants must have the ability to:
 Pass multiple stat, multiple zip code criminal background check
 Pass drug screen/illegal substance check

Signature: I have reviewed the information on this form and I agree that it is correct as stated. I verify that all required materials are included.

Signature _____ Date _____

Mail completed application to
Skagit Valley College, Attn: Nursing Admissions, 2405 East College Way, Mount Vernon, WA 98273.
Phone: (360) 416-7956 ~ Fax: (360) 416-7890

APPLICATION PACKET CHECKLIST

- Request for Transcript Evaluation Submitted With Official Transcript 6-8 weeks Prior To Application Deadline (If Applicable)
- Copy of Completed SVC Evaluation Showing All Prerequisites Have Completed
- Copy of Current CNA License
- Copy of LPN License (If applicable)
- Copy of Professional Healthcare Provider CPR Card
- Signed and Dated Application