

Cabrillo College Associate Degree Nursing Program
Admission and Application Instructions
Please read these instructions carefully before mailing your application!

It is recommended that you meet with an academic counselor to confirm prerequisite and general education requirements.

APPLICATION PACKET

All applicants must submit a **complete application packet**. Incomplete packets will be returned to the applicant.

Complete application packets include the following:

1. **USPS Certified Mail Postmark**. Application packets must be sent by **USPS** Certified Mail ONLY.

Applications will not be accepted in person. No exceptions.

Mail to: Associate Degree Nursing Program, Cabrillo College, 6500 Soquel Drive, Aptos, CA 95003

2. **Completed Application Form** (page 4 is optional)
3. **Two complete copies of sealed, official college transcripts.**

DO NOT send items listed above in separate envelopes. **A complete application packet must contain all of the items noted above in one mailing.** If all items are not received in the same packet, your application will be returned. . If you wish to receive confirmation that your application has been received by Cabrillo you must use the Return Receipt option available through the USPS. We do not send confirmation of receipt.

OFFICIAL COLLEGE TRANSCRIPTS:

- Transcripts for **all colleges and universities currently and previously attended must be included.**
- **Only SEALED OFFICIAL SCHOOL transcripts will be accepted.** Do not send photocopies or opened envelopes.
- In-progress grades will not be accepted.
- Transcripts must be sent with your application. If transcripts are received separately, your application will be considered incomplete and will be returned to you.
- All prerequisite courses must be completed with a grade "C" or better.
- Bio5/Human Physiology and Bio6/Microbiology must be completed with a combined GPA of 2.5 or better.
- A minimum overall college GPA of 2.0 is required.

Falsification of any part of your application may cause dismissal from the nursing program

**CABRILLO COLLEGE ASSOCIATE DEGREE NURSING PROGRAM
APPLICATION FOR ADMISSION**

Please mail to: Associate Degree Nursing Program, Cabrillo College, 6500 Soquel Drive, Aptos, CA 95003

Please print CLEARLY in black or blue ink.

Name: _____ SS#: _____
Last, First Middle Initial

Other Name(s) used: _____
(Last) (First) (Middle)

Phone # (H): (____) _____ Phone # (C): (____) _____ Phone# (Message): (____) _____

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone #: (____) _____

List all colleges and universities currently and previously attended. Continue on a separate page, if necessary.

NAME OF COLLEGE	DATES ATTENDED

PREREQUISITE COURSES:

Prerequisite Course	Course #	College Attended
Human Anatomy/Bio4		
Human Physiology/Bio5		
Microbiology/Bio6		
English 1A		

GENERAL EDUCATION REQUIREMENTS FOR ASSOCIATE DEGREE (*These courses are not prerequisites*, but are required for graduation. This is not a complete list of AS GE requirements. Some nursing students may fulfill natural sciences and communication & critical thinking GE requirements through nursing prerequisites and core courses. **Please see your counselor regarding graduation requirements**)

Cabrillo Course	Course #	College Attended
Comm 1 or Comm 2		
One Humanities Course		
US History or Political Science 1 or 5		
Psych 1		
Soc 2 or Anthro 2		
Math Competency: Math 152 *		

*Applicants with a postmark date on or after 9/2/08, and who have catalog rights starting fall 2008 or later, will need to demonstrate math competency at the level of Math 152 (intermediate algebra). Math Competency can be met via assessment or a college math course at the level of Math 152 or higher. A math class can be used to meet both Critical Thinking and Math Competency.)

I certify under the penalty of perjury that the statements in this application are true to the best of my knowledge and ability.

Signature of Applicant

Dated

DIVERSITY INFORMATION

This information is confidential and is gathered for statistical purposes only. The information which you provide on this form or your failure to complete this form will not be used against you by the College in considering your application. **This information will, in no way, affect your ability to enter the Nursing Program – it is obtained for statistical purposes only.**

Student Name: _____
(Last) (First) (Middle Initial)

Gender: M: ____ F: ____

Date of Birth: _____

Ethnicity:

____ **White:**

(All persons having origins in Europe, North Africa or the Middle East and not of Hispanic origin)

____ **Hispanic-American:**

(All persons of Chicano, Mexican, Puerto Rican, Cuban, Central /South American, or other Spanish culture or origin regardless of race)

____ **Native-American:**

(All persons having origins in the original peoples of North America and maintain Cultural identification by virtue of tribal association or community Recognition)

____ **Asian/Pacific Island:**

(All persons having origins in the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands, including the Philippine Islands)

____ **African American:**

(All persons having origins in any of the black racial groups of Africa and not Hispanic in origin)

Language Spoken at Home: _____

Education: check all education degrees that apply:

____ Associate Degree ____ Baccalaureate Degree ____ Master's Degree ____ Doctoral Degree ____ No degree

Persons with Disabilities: It is your responsibility to notify the Disabled Students Programs and Services Office at the College with verified documentation from a health or learning specialist in order to receive reasonable accommodation. Please indicate the nature of the accommodation below:
