

**Application Status:**

Please check a box:

- Admission to Fall 1st Semester
- Psychiatric Technician
- Transfer Nursing School Applicant
- Challenge Applicant - LVN
- Re-Applicant
- 30 Unit Option - LVN
- Foreign Nurse

**REGISTERED NURSING PROGRAM**



This application form is for Spring 2010 or Fall 2010 only

Enrollment for: Fall  Spring

College of Marin ID# \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Telephone (H) \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Telephone (W) \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Telephone (Cell) \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Please list name as registered at College of Marin

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Previous/Other Names Used: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex: \* Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: \* Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Ethnic Group \* ..... Please place corresponding number in box:

- |                         |                     |                            |
|-------------------------|---------------------|----------------------------|
| Asian ..... = 01        | Guamanian..... = 05 | Pacific Islander..... = 09 |
| Asian/Indian ..... = 02 | Hawaiian ..... = 06 | Samoan..... = 10           |
| Black ..... = 03        | Hispanic ..... = 07 | White..... = 11            |
| Filipino..... = 04      | Indian ..... = 08   | Other..... = 12            |

**Previous Education:**

High School Diploma = 1

Foreign Secondary School Diploma or

G.E.D. or H.S. Cert. of Equivalency/Completion = 2

Certificate of Graduation = 4

Certificate of California High School Proficiency Exam = 3

AA/AS = 5

BA/BS = 6

What is your Primary Language: English = 1

Not English = 2

I. Please list the names of the High School and/or Colleges from which you requested 2 sets of transcripts, HS diploma, or test scores.

<u>Name of High School/College(s)</u>	<u>Date of Transcript Request</u>	<u>Date received - RN Program</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

\* Information is optional and is collected for statistical analysis only. Completing this information does not affect entry into the program.

II. Have you ever been enrolled in any kind of nursing education program? (CNA, LVN, RN) Yes  No

If yes, what type? \_\_\_\_\_

Name and address of school: \_\_\_\_\_

Dates enrolled \_\_\_\_\_ to \_\_\_\_\_ Did you complete the course? Yes  No

If yes, date of completion? \_\_\_\_\_

If no, why not? \_\_\_\_\_

III. Work or Volunteer Experience in a health related field (LVN, LPT, NA, CNA, MA, Volunteer, Ward Clerk, etc.)

PLEASE LIST MOST RECENT INFORMATION

Completion of this section signifies consent for the College of Marin to contact former supervisors/employers.

From/To	# Hrs Per Wk	Employer Name and Address	Type of Work	Immediate Supervisor

Application materials are to include (but are not necessarily limited to):

1. RN Program Application – ***Must be included***
2. College of Marin Course Form Required for RN Licensure and Graduation ***Must be included***  
(For all classes taken at College of Marin)
3. Petition for Substitution Form (if applicable for courses taken at other colleges)
4. Catalog Descriptions (if applicable)
5. Challenge Scores (if applicable)
6. Transcripts from other College (if applicable – do not include College of Marin)  
2 SETS OF TRANSCRIPTS ARE REQUIRED
7. Transcript - High School (for HS Chemistry only)

**CERTIFICATION: I hereby swear under the possible penalty of perjury that the information submitted on this document is complete and accurate. I understand that furnishing incomplete or inaccurate information is grounds for disciplinary action.**

Name: \_\_\_\_\_  
Print Name

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

## COLLEGE OF MARIN COURSES REQUIRED FOR RN LICENSURE AND GRADUATION



**Name:** \_\_\_\_\_ **(H) Phone #** \_\_\_\_\_ **Other names that transcripts may be listed under:** \_\_\_\_\_  
**Email address** \_\_\_\_\_ **(W) Phone #** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **SSN #** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_ **COM ID #** \_\_\_\_\_

*PLEASE TYPE OR PRINT ALL INFORMATION*

PREREQUISITES	Course	Date Completed	Grade	In Progress Yes / No		Exam Placement Date Ordered	Office Use Only Approved/Denied
NE 90							
HS Chemistry, Chemistry 110 or Chemistry 114 or 115							
Biology 120							
Biology 224							
Microbiology Biology 240							
English 150							
Math 101 or 101XY or Math 101AB							
<b>COREQUISITES</b>							
Speech 110, 120 or 128							
Psychology 110							
Psychology 112 or 114							
One of the following: Anthro 102, 103, 208 or Sociology 110, 140							
<b>GE REQUIREMENTS - not used in selection process</b>							
Humanities							
Communication and Analytical Thinking							
American Studies							
Physical Education							
Cross Cultural Studies							
Math 103, or 103AB, or 103 XY							

1. Students are subject to requirements in the catalog in the semester of acceptance into the Nursing Program.
2. Courses can only be substituted with a "C" or higher grade. A "C-minus" is **NOT** accepted.

**PETITION FOR SUBSTITUTION  
COLLEGE OF MARIN NURSING REQUIREMENTS TAKEN AT OTHER COLLEGES**

(See directions on next page)



Name: \_\_\_\_\_ (H) Phone # \_\_\_\_\_ Other names that transcripts may be listed under: \_\_\_\_\_  
 Email address \_\_\_\_\_ (W) Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ COM ID # \_\_\_\_\_

**PLEASE TYPE OR PRINT ALL INFORMATION**

Please complete for **PREREQUISITES** completed at other colleges (catalog descriptions must be attached).

	Course Title	Lab Yes/No	School Name	Date Completed	In Progress Yes/No	Grade	Units	Quarter/Semester	Office Use Only	
									Allowed	Denied
	HS Chemistry, Chemistry 110 or Chemistry 114 or 115									
	Biology 120									
	Biology 224									
	Microbiology Biology 240									
	English 150									
	Math 101 or 101XY or Math 101AB									

Please complete for **COREQUISITES** completed at other colleges (catalog descriptions must be attached).

	Speech 110, 120 or 128									
	Psychology 110									
	Psychology 112 or 114									
	One of the following: Anthro 102, 103, 208 or Sociology 110, 140									

Please complete for **GE REQUIREMENTS** completed at other colleges - not used in selection process (catalog descriptions must be attached).

	Humanities									
	Communication and Analytical Thinking									
	American Studies									
	Physical Education									
	Cross Cultural Studies									
	Math 103, or 103AB, or 103 XY									

1. Students are subject to requirements in the catalog in the semester of acceptance into the Nursing Program.
2. Courses can only be substituted with a "C" or higher grade. A "C-minus" is **NOT** accepted.

## **Procedures for Substitution of Required Courses for College of Marin Registered Nursing Program**

If prerequisite courses were taken at other colleges, the College of Marin must first determine for itself whether those courses are suitable substitutes for the College of Marin prerequisite courses. This process requires the student to petition the College to accept courses taken elsewhere as satisfying College of Marin prerequisite courses. Additional time is needed for the College to make these assessments. Therefore, students who hope to substitute courses taken at other colleges for College of Marin prerequisite courses must plan for additional time to allow the College to assess their applications.

Petitions for Substitution must be submitted before applying to the Nursing Program.

It is the student's responsibility to request official transcripts and course descriptions for the year the course was completed and attach catalog course descriptions to the Petition.

**Two (2) official transcripts** must be sent to College of Marin. One is sent to the Counseling Department, Kentfield, CA 94904 between September 1 and October 31 for petition review and approval for admission the following fall. A second official transcript should be sent directly to the College of Marin Nursing Department. If the applicant is submitting the petition for evaluation as part of the application process, two (2) sets of college transcripts must be submitted to the Nursing Department.

Those who submit the petition for substitution after October 31 are not guaranteed a decision in time for the RN application date.

The Petition for Substitution will then be submitted and reviewed by Admissions and Records (Academic Standards Committee).

The original approved/denied copy will be kept in the student file in the Counseling Department and a copy of the petition will be sent to the student.

Students who successfully petition for substitution must attach a copy of the approval of their petition to their Application for the Nursing Program.