

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 2011 or Fall 2011 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 – one for the Counseling Department and one for the RN Program
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		Exam Placement Date Ordered	Office Use Only Approved/Denied
				Yes	No		
NE 90							
HS Chemistry, Chemistry 110 or Chemistry 114 or 115							
Anatomy -Biology 120							
Physiology - Biology 224							
Microbiology - Biology 240							
English 150							
Math 101 or 101XY or Math 101AB							
COREQUISITES							
Speech 110, 120 or 128							
Psychology 110							
Psychology 112 or 114							
One of the following: Anthro 102, 103, 208 or Sociology 110, 140							
GE REQUIREMENTS - not used in selection process							
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									
	Anatomy - Biology 120									
	Physiology - 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

Courses completed at other institutions:

Prerequisite courses taken at institutions other than the College of Marin must be evaluated prior to acceptance into College of Marin. 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. .

The Petition for Substitution and official transcripts and course descriptions must be submitted with the application 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 recent transcripts – Transcript issue date must be within one year of application. Transcripts must be sent to College of Marin RN Program. One official transcript is for the Counseling Department. The second official transcript is for the Nursing Department.

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.

Note:

All documents must be received by February 1st for fall admission. It is the applicant's responsibility to provide complete and accurate material by the closing date. Applications that are incomplete on the closing date cannot be considered for review.