

OHLONE COLLEGE
Application: Advanced Standing In the Nursing Major
Request For Transfer From *Another Generic RN Program*

APPLICANT NAME: _____ SOCIAL SECURITY # _____

Address: _____

Phone#: _____ Cell#: _____

E-Mail: _____

Name of RN Program Attended: _____ Dates of Attendance: _____

List Name of all colleges previously attended: _____ Date of Attendance: _____

1. _____

2. _____

3. _____

Did you leave your nursing program in good standing, and are you eligible to return? If no, explain? List name and phone number of nursing program director, and sign and attach the Nursing Student Disclosure form.

What are your reasons for leaving that program and seeking admission at Ohlone College? Did you fail a nursing course? Which course? What do you see as the reasons for the failure?

What is your plan for assuring your success should you be admitted to this nursing program?

For which semester are you seeking admission? Fall, 200__ or Spring, 200__

Return this application to the Health Sciences Office, Building #25 with:

- 1) Unofficial or official transcripts from all institutions attended;
- 2) Completed Nursing Student Evaluation signed by counselor; and
- 3) If applicable, proficiency test scores, syllabi for nursing courses completed in other US accredited RN programs.
- 4) If applicable, signed Nursing Student Conduct Disclosure.

As spaces in the nursing program are limited for transfer students, ALL INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

OHLONE COLLEGE
Application: Advanced Standing In the Nursing Major
Request For *Transfer From LVN*

APPLICANT NAME: _____ SOCIAL SECURITY # _____

Address: _____

Phone#: _____ Cell#: _____

E-Mail: _____

Name of LVN Program Attended: _____ Dates of Attendance: _____

Name of LVN School	Address	Dates Attended	Degree
Completed			

List Licenses Currently Held	Number	Issuing Jurisdiction
1. _____	_____	_____
2. _____	_____	_____

1. _____	_____	_____
2. _____	_____	_____

List All Colleges Attended	Dates	Earned Degrees or # units completed
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Work History as Licensed Vocational Nurse

Name of Agency	Dates of Employment	FT or PT	Job Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

For which semester are you seeking admission? Fall, 200___ or Spring, 200___

Return this application to the Health Sciences Office, Building #25 with:

- 1) Unofficial or official transcripts from all institutions attended;
- 2) Completed Nursing Student Evaluation signed by counselor; and
- 3) If applicable, proficiency test scores.
- 4) Copy of current California LVN license.

LVNs Please Note: IV certification is strongly recommended before entering the second year of the RN program. IV therapy principles are taught in the first year nursing courses and it is assumed that the student has this knowledge before entering second year nursing courses. LVN programs do not cover this content in their regular course of study. If you have completed an IV course, include documentation with this application.

As spaces in the nursing program are limited for transfer and LVN students, ALL INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.