Clears Complete Form

RIVERSIDE COMMUNITY COLLEGE DISTRICT NURSING PROGRAM APPLICATION

PETITION FOR READMISSION TO THE VOCATIONAL NURSING PROGRAM

APPLICATION MUST BE TYPED AND HAND CARRIED ALONG WITH APPLICABLE DOCUMENTS INTO THE SCHOOL OF NURSING

Vocational Readmission Petition Application for:				
	☐ VN Petition NVN-51	☐ VN Petition NVN-52	☐ VN Petition NVN-60	☐ VN Petition NVN-61
	☐ VN Petition NVN-62	☐ VN Petition NVN-63	☐ VN Petition NVN-70	☐ VN Petition NVN-71

*Name: _____ _____ _____
* Last * First * Middle

*Social Security # **(required):** _____ RCCD Student ID# **(required)**: _____

Previous Name(s): _____ _____ _____

*Phone-Hm: _____ *Cell Phone or Msg: _____ E-mail: _____

*Address: _____ _____ _____ _____
*Street – **NO PO Boxes accepted** *City *State *Zip

Official Updated Transcripts Must be on File at the Time of this Application **(Not Over 90 Days old)**.

NOTE: Failure to list all previous colleges will invalidate your application. – **List All Colleges Attended Below**

_____ _____

_____ _____

_____ _____

1. I was last enrolled in: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year _____ Course # **NVN-** Select Course #
2. Theory Grade Select Grade Clinical Grade Select Grade
3. Explain the circumstances of your exit from the Vocational Nursing Program.

4. State the terms, if any, of your contract for readmission to the Vocational Nursing Program.

5. Describe how you have met the readmission terms. Provide documentation.

DEMOGRAPHIC DATA: The following data is used for statistical purposes only

*6. Do you hold an H1 Student Visa? ☐ Yes ☐ No *7. DOB: _____ (mm/dd/yyyy)

*8. Ethnicity: ☐ American Indian or Alaskan Native ☐ Black, non-Hispanic ☐ Filipino ☐ Hispanic ☐ White, other than Hispanic ☐ Asian ☐ Pacific Islander ☐ Other ☐ Unknown

*9. Gender: ☐ Female ☐ Male *10. Is English your second language? ☐ Yes ☐ No

All the information contained in this application is true and correct to the best of my knowledge.

_____
Signature of Applicant