



APPLICATION for the 30 UNIT OPTION for LVN and LPN NURSING APPLICANT

Fall Admissions - Submit Application Packet between
February 1st - April 1st

- **Applications postmarked after April 1st will not be accepted.**

Check each box to ensure your application is complete.

- 30 Unit Option for LVN and LPN Nursing Application requesting admission to the nursing program.
- Submit official college transcripts from ALL INSTITUTIONS ATTENDED. (You do not have to submit transcripts from Contra Costa College, Los Medanos College, or Diablo Valley College).
- Application to Contra Costa College via opencccapply.net.
- Personal Statement Letter addressed to CCC Nursing Dept.
- Copy of your current LVN or LPN license.
- Mail or walk-in your completed nursing application packet to:

Contra Costa College
Admissions & Records SSC #115
ATTN: Nursing Application
2600 Mission Bell Drive
San Pablo, CA 94806

- **Incomplete applications will not be accepted.**



CONTRA COSTA COLLEGE

Office Use Only

Forwarded To Committee

YES NO: _____

APPLICATION

Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section. Please Read the Entire Application Carefully.

Registered Nursing Program

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Last Name

First Name

Middle Name

List ALL Previous Names Used:			
____-____-____	____-____-____	@insite.4cd.edu	

Social Security Number

CCC Student ID# xxxxxxx

Email Address

**For Statistical Purposes Only*

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Home Address

City

State

Zip Code

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Home Phone

Cell Phone

Birthdate

MM/DD/YY

Did you previously apply to the CCC Nursing Program?: Yes No If YES, list the year you applied: _____

US Citizen: Yes No If No, Indicate Status: _____

If you have ever been enrolled or accepted in any R.N. nursing program, please state:

College: _____ Year: _____ Phone: _____

Courses Completed: _____ Reason for withdrawal: _____

Emergency Contact Information	Name: _____	Relation to you: _____
	Day Phone Number: _____	Evening Phone Number: _____
	Name: _____	Relation to you: _____
	Day Phone Number: _____	Evening Phone Number: _____

I, _____, understand that any omission(s) and/or information stated on my CCC nursing program application found to be inaccurate and/or fraudulent may be cause for my application to be withdrawn from the qualified applicant pool.

Signature: _____ Date: _____



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Full Name: _____ CCC Student ID: _____

Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section.

Required Course	Course Number/ Name	Units	Grade	College/City	Year	Repeated? No. of Times	OFFICE USE ONLY Reviewer: _____
Area A:							
Human Physiology Biosc-134							^Must Contain Lab
Microbiology Biosc-119							^Must Contain Lab
Drug Dosage Calculation Nurs-205							Minimum 2.0 units

Minimum 2.75 GPA required for Area A

Prerequisite courses must be completed before the applicant will be considered eligible for admissions to the nursing program. Student who have not completed all prerequisites with the minimum GPA requirements will be omitted from consideration. Incomplete applications will not be accepted.

I, _____, certify that all information provided in connection with my application is true, correct, and complete. I understand that providing false information or omitting required information is grounds for denial of enrollment from the Nursing Program.

Signature: _____ Date: _____