



**SOUTHWESTERN COLLEGE  
ASSOCIATE DEGREE NURSING (A.D.N.-RN) APPLICATION**

**STUDENT APPLICATION CHECKLIST OF REQUIRED ITEMS**

**\*MANDATORY: Prerequisite courses MUST be completed to apply**

**ALL** of the following items are required at time of application. For your records, we URGE you to make copies prior to applying.

- ☐ Application (**submitted in person, US mail, or via fax ONLY**)
- ☐ Unofficial Transcripts attached to application, including SWC.
- ☐ **OFFICIAL** transcripts must be submitted to SWC Admissions & Records: 900 Otay Lakes Road, Chula Vista, CA 91910
- ☐ SWC ID Number (required at time of application)
- ☐ Copy of:
  - Social Security Card
  - Driver's License/State ID
  - CPR current certification – Healthcare Provider from the American Heart Association
  - TEAS Test results (unofficial copies will suffice)
  - TEAS remediation proof (if applicable)
  - CNA or LVN active license (strongly recommended; please refer to Multicriteria Points Formula)
  - U.S. High School Diploma/GED or high school transcripts (**All foreign degrees must be evaluated by an agency prior to applying**)
  - Student Educational Plan (**Must be program specific and preferably dated within 6 months at time of application**)
  - Immunization card/record and/or titers (lab work)
  - Prerequisite Evaluation Request for Program Enrollment Form via Prerequisite Office to clear external prerequisite courses (if applicable)
- ☐ Physical Examination Form with all immunizations completed
  - 2 MMRs or Titers for Measles, Mumps, Rubella
  - 2 Varicella or Titers (if you had the disease, you will need titers)
  - 3 Hepatitis B or Titers
  - Tdap (within 5 years at time of application)
  - Flu (must be current season)
  - 2-Step Intradermal TB Mantoux Test or Titers (Quantiferon TB) or chest x-ray within 5 years
- ☐ If applicable, letters or verification of the following:

* Disability	* Disadvantage
* Financial Aid	* Personal or family difficulties
* Refugee	* Recent difficult circumstances
* First generation	* Employment during prerequisites

***\*Your immunization records and/or titer (lab work) results MUST accompany the application packet.***

Southwestern College Nursing & Health Occupation Programs  
8100 Gigantic Street San Diego, CA 92154

Office (619) 482-6352 • Fax (619) 216-6603 • email: [nursing@swccd.edu](mailto:nursing@swccd.edu) • Nursing website: <http://www.swccd.edu/nursing>



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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
(If no middle name use NMN)

Previous/Maiden Name: \_\_\_\_\_

(Important if your records reflect a name different from above)

Social Security Number: \_\_\_\_\_ SWC ID # \_\_\_\_\_ (Required at time of application)

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(Required by the Board of Registered Nursing)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

High School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(A copy of HS diploma, transcripts, GED or higher education degree is required to apply)

**Minimum Science prerequisites – 2.5 G.P.A. is required to apply.**

**Recency: Physiology & Microbiology within the past 7 years; Anatomy within the past 10 years. Only ONE repeat of ONE science course is allowed to apply.**

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
*Bio 260 Anatomy or Anat & Physio I			Yes/No			
*Bio 261 Physiology or Anat & Physio II			Yes/No			
*Bio 265 Microbiology			Yes/No			
*A.D.N. 140 Reading & Comp or Engl 115 College Comp			Yes/No			
*Math 60 Int Algebra I			Yes/No			
*Comm 103 Oral Comm or Comm 174 Interpersonal Comm			Yes/No			
*Psyc 101 General Psychology			Yes/No			
*CD 170 Child Dev or Psyc 230 Dev Psychology			Yes/No			
C.N.A. Certified Nursing Assist (Strongly recommended)						

**\*\*PLEASE NOTE:** If science prerequisites and other general education requirements were not completed at SWC, it is the students' responsibility to complete and provide proof of Pre-requisite Evaluation Request for Program Enrollment form via Prerequisite Office. Please attach prerequisite form with this application.

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Are you currently enrolled or have you ever been enrolled in another nursing program? ☐ Yes ☐ No

If so, give name of the school \_\_\_\_\_ Date Attended: \_\_\_\_\_

**DEGREES EARNED**

Name of College	Years Attended	Degree Awarded

Vocational Nursing License? Yes ☐ No ☐ If yes, License Number \_\_\_\_\_ (copy required).

Do you have a Certified Nurse Assistant (CNA) license Yes ☐ No ☐ Where did you take the CNA course \_\_\_\_\_ (copy required)

Do you have a documented disability? Yes ☐ No ☐ **Submit a letter on official letterhead describing the disability or copy of DSS evaluation.**

Documented eligibility for Financial Aid, Cal works, BOGW, Federal Pell Grant. Yes ☐ No ☐ **Please submit proof of eligibility (award letter).**

Are you the first generation of your family to attend college? Yes ☐ No ☐ **Please describe by attaching a brief statement.**

Documented employment during prerequisite course work? Yes ☐ No ☐ **Submit letter from employer on company letterhead verifying dates employed or 1<sup>st</sup> and last pay stub.**

Disadvantage socially or educationally? Yes ☐ No ☐ **Please describe by attaching a brief statement.**

Are there any recent difficult family or personal circumstances? Yes ☐ No ☐ **Please describe by attaching a brief statement.**

Documented Refugee? Yes ☐ No ☐ Documented Veteran? Yes ☐ No ☐ Spouse of Veteran? Yes ☐ No ☐ **Please submit proof**

Documented proficiency or advanced level of coursework (2<sup>nd</sup> level or higher) in languages other than English, including American Sign? Yes ☐ No ☐

List the Language courses you have taken \_\_\_\_\_ **Unofficial transcripts required** School Name: \_\_\_\_\_

Check the language(s) in which you are fluent: American Sign ☐ Spanish ☐ Tagalog ☐ Arabic ☐ Chinese ☐ Farsi ☐ Russian ☐

Various languages of Indian Subcontinent and Southeast Asia ☐ Other \_\_\_\_\_

**Test of Essential Academic Skills (TEAS) Version 5 Score:** \_\_\_\_\_ Passing score is 62. Second attempt of TEAS accepted with proof of remediation course prior to retesting within six months of first test date. Must attach both test scores and proof of remediation,

\*Approved courses are listed on our website.\*

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**COMPLETE FOR STATISTICAL PURPOSES ONLY:**

**Gender:** ☐ Male ☐ Female

**Ethnicity:** ☐ African-American ☐ American Indian/Alaskan Native ☐ Filipino ☐ Asian ☐ Non-Filipino Asian or Pacific Islander ☐ Pacific Islander ☐ White/ non-Hispanic ☐ Hispanic ☐ Unknown/Non-Respondent ☐ Other/ non-white

**Additional Languages?** Yes ☐ No ☐

**Language spoken at home** ☐ Arabic ☐ Chinese including dialects ☐ English ☐ Farsi ☐ Russian ☐ Spanish ☐ Tagalog ☐ Other

**For DSS students only:**

**Did the school where you took the TEAS provide an accommodation for a documented disability?** Yes ☐ No ☐

**U.S. Citizen?** Yes ☐ No ☐

**Age at date of enrollment:** ☐ Under 19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ Over 50

**All requirements and documentation must be completed in full and submitted to the Nursing Office to be considered for admission.  
All accepted students will be notified via email.**

To the best of my knowledge, the above information is true and correct. Failure to disclose accurate information may result in candidate not being accepted into our program and/or to continue in said program. In addition, if you are accepted into another Nursing Program, please inform Southwestern College Nursing Office as soon as possible via our Nursing email @ [nursing@swccd.edu](mailto:nursing@swccd.edu).

**Important:** If you have a change in address, phone number or email, you must contact the Nursing Office in writing via email to [nursing@swccd.edu](mailto:nursing@swccd.edu). Your admission status will be compromised if we are unable to reach you. Please make copies of your complete application prior to applying to our program. Once your application is submitted to our office, it becomes sole property of the Nursing Department and we will not release or make copies of any documents. **Please initial** \_\_\_\_\_ (indicating that you have read and agree with this statement).

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

**For Official Use Only**

☐ **Application Packet Complete**

**Initials:** \_\_\_\_\_

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