San Jacinto College South Campus

Application Process
Vocational Nursing Department

Application Directions
This application is two pages and must be filled out completely and brought to the Vocational Nursing Department on the south campus in room 9109 during the application period for the semester you want to attend. You must bring all the items listed below before we will accept your application.

- Show proof of admission into San Jacinto College South - Provide the letter they sent you in the mail or by email.
- All required Shots and CPR card – Please see the VN information packet for these items.
- Test Scores - All three parts must have been taken (math, reading, and writing) from the Compass, THEA, TASP, Accuplacer, or ASSET.
- College Transcripts (We Do Not accept online print outs)
- High School Transcript or GED or Spantran
- Taken the HESI exam at the south campus
San Jacinto College South
Vocational Nursing Application for Admission

Date_________________ Application for Fall20______ Spring 20______ Summer 20 ______

You are urged to give careful consideration on this form. It is to your advantage to complete the entire form accurately. Please return the completed form to the Vocational Nursing Office on the South campus.

Please Print/ Type

G00#_________________

1. Full Name_____________________________________________________
   Last  First  Middle  Maiden

2. Address _____________________________________________________
   Number/P.O.Box  Street  City  State  Zip

3. Home Phone____________________ Cell__________________Work________

4. Friend Relative (In case of emergency, please list at least two)
   Name  Relationship  Phone

   _______________________________________________________________

5. High School Diploma / GED / Span Tran (or other evaluation)
   Year______ Name of High School ____________________ City/State/ Country________

6. College(s) Attended including San Jacinto College, if applicable
   Name of School  City/State  Dates  GPA (Cum)
   _______________________________________________________________

Are you on any academic probation or suspension? __________________________________

7. Have you ever applied to this nursing program before? Yes  □  No  □ If Yes, When? ____

8. Have you attended any other school of nursing? Yes  □  No  □ If Yes, When? _______
   Where? Name of school ________________________  City/State_________

   Entrance Date ___________ Exit Date _______ Reason for leaving_____________________

Office Use Only

Test Scores (Skill Levels)
Reading_____ Math_____ English_____  Date of File Completion________________________
Name of Test taken: □ TASP/THEA  □ ASSET
       □ Accuplacer  □ COMPASS
High school Transcript □  Foreign Evaluation □  GED □

Immunizations Office Use Only
CPR Exp._______ Td_______
TB(PPD)_______ Flu_______
MMR 1._______ 2._______
Varicella Hx 1._______ 2._______
Hep B 1._______ 2._______ 3._______

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San Jacinto College South
Vocational Nursing
Student Survey/ Date Sheet

Data collected on this form is used for reporting to various agencies, including the Board of Vocational Nursing and the National League of Nursing. Your responses have no impact on your acceptance into the Vocational Nursing Program.

Name: ____________________________________________________________________________

___________________________ ________________________________
Current Street Address City, State, Zip

Telephone Number Email Address:

Home: ______________________________

Cell: ______________________________

Work: ______________________________

G00 #: ______________________________

Birth Date: _____/_____/

Age: ______

Gender:

□ Male □ Female

Marital Status: □ Married □ Single □ Divorced

Number of Dependents other than self? ______

Residency
Are you a U.S. Citizen? □ Yes □ No
Are you a non-Texas resident? □ Yes □ No
Are you a U.S. Veteran? □ Yes □ No
Are you an International student? □ Yes □ No
Are you a Foreign National with Permanent Residency Status? □ Yes □ No

Ethnic Group

□ White (non Hispanic) □ Asian or Pacific Islander
□ Hispanic □ American Indian
□ Black (non Hispanic) □ Alaskan Native

Current Employment Status

□ Employed Full-Time (35+hrs) □ Employed Part-time (less than 35 hrs)
□ Homemaker □ Not employed-Seeking work

□ Not employed- Not seeking work

Education

□ G.E.D Certification □ Other Allied Health Education
□ Tech-Prep □ Degree in another discipline
□ High School Diploma Name of Degree___________________
□ Nurse’s Aide Certificate
□ Some college credits # of hours/ credits______
□ Some R.N Education

Disabilities

□ None □ Learning Disability
□ Visually Impaired □ Limited English proficiency
□ Hearing Impaired □ Economically disadvantaged
□ Orthopedic Impairment □ Academically disadvantaged
□ Other health Impairment □ In need of childcare.
□ Speech Impairment Ages of children?___________