San Jacinto College South Campus
Application Process
Vocational Nursing Department

Application Directions

This application and this checklist must be filled out completely and brought to the Vocational Nursing Department on the south campus in room S-1.251o 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. Please check all check boxes and circle bullets as each item is accounted for.

We will be accepting applications May 6th to June 26th between 2:00pm and 4:30pm on Tuesdays, Wednesdays, and Thursdays. This packet must include copies of the following:

☐ Show proof of admission into San Jacinto College South Provide the letter they sent you in the mail or by email or provide a transcript from San Jac as proof of admission.

☐ Front & back copy of your valid CPR card (must not expire during the program)

☐ Copies of proof for all required shots (must not expire during the program)
  o Tetanus (td/tdap) [within the past 10 years]
  o TB (PPD) skin test or Chest X-ray [within the past year]
  o Flu shot [within the past year] or proof of allergy to the flu shot
  o 2 MMR shots or titer that shows immunity
  o 2 Varicella shots or titer that shows immunity or proof of chicken pox
  o HEP B series of 3 shots or titer that shows immunity

☐ Proof of Placement Testing - Compass, THEA, TASP, Accuplacer, or ASSET. (BON requirement regardless of college). May be shown on a college transcript or test scores.

☐ Proof of College Readiness – Provide a My San Jac Education Plan from Counseling to show college ready levels of 7+ or show college ready on a college transcript.

☐ Proof of 2.25 or higher college GPA - Cumulative GPA from San Jacinto College or the last college you attended. Validated with college transcript. Minimum of 6 credit hours completed.

☐ Copy of All College Transcripts (We Do Not accept online print outs & the department needs its own copy regardless of turning in transcripts to Enrollment Services)

☐ Copy of High School Transcript or GED or Spantran (BON requirement regardless of college)

____________________________________________
Student Signature
San Jacinto College South
Vocational Nursing Application for Admission

Date_________________ Application for Fall 20______ Spring 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

<table>
<thead>
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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__________________
   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)__________________
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   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__________________

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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

Home: __________________________

Cell: _____________________________ Birth Date: _____/_____/_____

Work: _____________________________ Age: _______

G00 #: ____________________________

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 U.S. Veteran? ☐ Yes ☐ No
Are you a non-Texas resident? ☐ 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?____________