This form is required of all students applying to the Registered Nursing program at LAHC who have previously enrolled in a nursing program at another institution. Please fill the form as completely and honestly to the best of your ability.

Student Name:	Previous Name(s):
Address:	Email:
Phone:	Alt Phone:
Previous Institution:	
Type of previous nursing program: ☐ ADN ☐ BSN ☐ DIPLOMA ☐ OTHER_____	
Dates of Enrollment:	

Student's Section

What is the reason for your withdrawal from the previous nursing program?

Was your **academic status** satisfactory at the time of withdrawal from the program? ☐ Yes ☐ No, please explain.

Was your **clinical status** satisfactory at the time of withdrawal from the program? ☐ Yes ☐ No, please explain.

Are you eligible to return to the previous nursing program? ☐ Yes ☐ No, please explain.

Director's Section

According to the Board of Registered Nursing guidelines, a nursing program is not able to accept a student from another program that is deemed unsafe in the academic setting or clinical practice.

As Program Director, do you agree with the above information provided by the student? ☐ Yes ☐ No, please explain.

As Program Director, do you recommend this student to proceed in the study of nursing? ☐ Yes ☐ No, please explain.

Director's Name: Signature:

Date:

This form is to be mailed in a sealed envelope by the Program Director to

Los Angeles Harbor College | Nursing & Health Sciences | 1111 Figueroa Place | Wilmington, CA 90744