

Los Angeles Valley College
Health Science Department
Application for Registered Nursing Program
Fall 2026

Please ensure that all fields are filled out or we may have to consider your application form incomplete.

Personal Information

Do you have a Social Security Number: Yes No

Student ID Number:

Are you a Veteran of the US Armed Forces: Yes No

LACCD Email Address:

Other Email Address:

Last Name:

First Name:

Middle Name:

List any Previous Names Used:

Address:

Cell Phone Number:

Alternate Phone Number:

Birthdate:

Birthplace/Country:

Citizenship Status (Select One)

- U.S. Citizen
- Permanent Resident
- Temporary Resident/Amnesty
- Refugee/ Asylee
- Student Visa (F-1 or M-1)
- None Apply
- DACA Recipient
- Other:

Do you have a LVN License: Yes No

Have you taken the ATI TEAS Version 7 Exam: Yes No

If "YES", Did you pass on your first attempt? Yes No

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any missing information may render my application incomplete: Yes No

I hereby certify that I have correctly submitted all updated official transcripts of my classes as recent as Winter 2026: Yes No