Official Use Only			
Date Received:	/	/	

SANTA BARBARA CITY COLLEGE VOCATIONAL NURSING PROGRAM APPLICATION FORM

	First	Middle	Other Last	Names	
	Apt.#	City	State	Zip	
-					
	_				
/					
ency:					
	_ Relationship	Telepho	ne <u>() -</u>		
	Apt #	City	State	Zip	
Date TEAS	test was taken:	/			
TEAS Test	Version:				
Your TEAS	Reading Score	%			
Your TEAS	Math Score:	%			
OR					
College Lev	vel Math: School		Semester/Yea	ar	
ANATOMY	: School	Sem	nester/Year		
PHYSIOLOG	GY: School	Sem	Semester/Year		
Where CN	A course was taken	:			
Date of CN	IA course completic	:/			
CNA license number: Expiration date:/					
Please check which of the following you are including in your application:					
Completed at a college, submit transcripts to Admissions & Records: https://www.sbcc.edu/transcripts/incomingtranscripts.php Completed at a private institution, submit copy of card or certificate					
	Date TEAS TEAS Test Your TEAS OR College Level ANATOMY PHYSIOLOG Where CN. Date of CN. CNA licens Please che	Apt.#	Apt.# City	Apt.# City State / / / ency: Relationship Telephone () Apt # City State / / Date TEAS test was taken: / _ /_ TEAS Test Version: % Your TEAS Reading Score % Your TEAS Math Score: % OR College Level Math: School Semester/Year PHYSIOLOGY: School Semester/Year Where CNA course was taken: Date of CNA course completion: / CNA license number: Expiration date: Please check which of the following you are including in your applicatio Completed at a college, submit transcripts to Admissions & https://www.sbcc.edu/transcripts/incomingtranscripts.iiii Completed at a private institution, submit copy of card or	

2.	HIGH SCHOOL COMPLETION Must be filled out even if y	you have a college degree.
	High School Name	
	Graduation Date (MM/DD/YYYY) / /	_
3.	ETHNIC GROUP Response optional, but appreciated.	
	American Indian/Alaskan Native	Black
	Anglo	Filipino
	Asian/Pacific Islander	Hispanic
	Other	
4.	PRIMARY LANGUAGE	
	Is English your Primary Language? YES	_ NO
	If "NO," what is your Primary Language	?
	Number of years of formal schooling you have h	had in your Primary Language
5.	WHERE DID YOU HEAR ABOUT OUR PROGRAM? How o	did you become interested in the SBCC VOCATIONAL
	NURSING PROGRAM?	
	Friend/Relative in program	Career Days/Class Presentation
	CNA Class	High School Counselor
	SBCC Counselor	Other
If acc	cepted, I understand that I must furnish my own tra	insportation for clinical experience in the community.
	I certify under penalty of perjury that all informati	ion I have included in this application is correct.
	Signature	Date / /

Revised 5/3/2023