

Admission Application

Date: _____

Personal Information

Full Name: _____ Maiden Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Birth Date: _____ Social Security No.: _____ Alternate Phone: () _____

Program Applying for: _____

Do you have a U.S. High School Diploma, GED, CHSPE or foreign equivalency? YES NO Have you ever been enrolled in Angeles Institute or in other nursing courses? YES NO

Are you a veteran or on active duty in the U.S. Armed Forces? YES NO If so, when did you enroll? _____

Have you ever been convicted of a felony? YES NO Are you presently under any license/certificate restrictions? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional/personal references.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Miscellaneous Information

MARITAL STATUS (OPTIONAL) Single Married Divorced Separated Widowed

ETHNIC/RACIAL GROUP (OPTIONAL) African-American/Black (non-Hispanic) Asian Alaska Native
 Hispanic/Latino/Latina American Indian White (non-Hispanic) Pacific Islander
 Prefer not to respond

LANGUAGE (OPTIONAL): First Language _____ Other Languages spoken _____

GENDER: Male Female

Citizenship

Please include copies of citizenship information (e.g., Alien Registration Card, Visa).

CITIZENSHIP United States Permanent Resident Alien (Registration Number: _____)

Other: F-1 Student Visa J-1 Exchange/Visitor Visa M-1 Vocational Study Visa

Other type of Visa _____ Country of Citizenship _____ Nationality _____

Referrals

How did you hear about our courses? Please circle one or more of the following:

Newspaper *Employer* *I'm a former student* *From a former student* *Internet*
Banner *Flyer* *Job Fair* *Pennysaver* *AI Employee* *Other* _____

Referral Program

If a current student has referred you, please provide that student's name: _____

Emergency Contact Information

Person to be contacted in event of an emergency:

Name: _____ Phone: _____

Disclaimer and Signature

This form, plus all official transcripts, must be received before your enrollment form will be processed.

By signing this application, I certify that the information on this application is to the best of my knowledge, accurate, complete, and my own. I understand that if I have falsified or withheld information, I would be ineligible for admission to Angeles Institute, or subject to cancellation or dismissal if enrollment had occurred. I give my permission at all institutions to release information needed to verify statements I have made on this application.

Signature: _____ Date: _____