



Golden West College
School of Nursing
**Transfer/Advanced Placement Student
Application**
2024-2025

GWC Student ID number _____ Apply online at www.goldenwestcollege.edu

Please complete the following items on this list. Be sure to read the entire checklist. A complete application includes items listed on checklist. You must fill in the blanks and attach it to your application to ensure you become an eligible applicant. Incomplete Applications will not be evaluated.

Once complete, submit ALL forms to the Nursing Office for review. Applications will only be accepted via mail. Applications **MUST BE** postmarked by June 15, 2024. Applications postmarked after June 15, 2024, will not be accepted.

Do not contact the Nursing Office to verify if your application was received.

Mail Application to:
Golden West College
Attn: School of Nursing
15744 Goldenwest Street
Huntington Beach, CA 92647

Checklist:

- Complete nursing application (3 pages)** plus required attachments.
- Signature on Page 2** of the application acknowledging understanding of consequences of falsifying the application.
- Attach a copy of Government issued photo ID**, e.g. – Driver license, Passport photo.
- Attach All Previous Nursing Program Documentation:** In order to complete your Transfer/Advanced Placement Evaluation, you must include unofficial college transcripts, catalog descriptions, course outlines, and syllabi from previous Nursing Coursework taken.
- Attach a copy of your Golden West College Degree Works Notes-** After meeting with the GWC counselor, you will need to take a screenshot of your degree works and include it in this packet.
- Sealed recommendation form from previous Accredited Nursing Program Director:** Letter may be **emailed** in by previous Accredited Nursing Program Director only if it is not attached in Transfer/Advanced Placement Application. (Page 3).
- Read** the GWC catalog sections about academic regulations, graduation requirements and the Associate Degree Nursing program. The catalog is available online, library and for purchase in the college bookstore.
- Send all Official Transcripts** to Admissions & Records in the Student Services Center immediately upon Transfer/Advanced Placement Application submission. **Do not send official transcripts for Golden West, Orange Coast or Coastline Colleges.** The unofficial copies for these colleges attached to your application will suffice. **Electronic Transcripts:** Official transcripts may be submitted electronically to Admissions & Records from your sending institution via PDF. The transcripts must be sent directly from the sending institutions authorized agent to GWC. *GWC will not accept forwarded electronic transcripts from the students.*.....



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Applicant Information: (Please type or print legibly in blue or black ink)

GWC Student ID# Last Name First Name MI

Mailing Address City State Zip

(____) _____ (____) _____ _____

Cell Phone # Home Phone# CCCD E-mail Address

_____ M F _____ _____

Social Security # Gender Birthdate (MM/DD/YY) High School attended & Graduation Date

Are you a U.S. citizen? Yes No Are you here on a student Visa? Yes No

Have you previously applied for Advanced Placement? Yes No If yes, what year? _____

Name of previous Accredited Nursing Program: _____

Have you made an appointment with GWC counseling to evaluate non-nursing courses?

Yes No (If no, make an appointment before submitting this application)

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge for all pages of this application. If this application leads to enrollment, I understand that false or misleading information in my application may result in denial of admission and/or dismissal from the nursing program. I agree to the release of information for statistical reporting purposes.

Signature required

Date



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This form is required of all students applying to the Golden West College nursing program who have previously been enrolled in another accredited nursing program.

Name: _____
Last First M.I.

Golden West College Student I.D. # _____

Name of previous Nursing Program: _____

Enrollment Start Date: _____ End Date: _____

1. Did you have satisfactory status in academic and clinical work at the time of your withdrawal?

Yes No If not, explain: _____

2. Would you be accepted back into the Program at this institution again? Yes No

If not or only if certain conditions are met, explain: _____

Student Signature _____ Date _____

Director's Recommendation:

I verify that the information provided above is correct, with the following exceptions. (If none, write NONE).

Signature of Director _____ Date _____

Thank you in advance for completing this form. Please feel free to use the reverse side for additional information and comments. Email form to nursingoffice@gwc.cccd.edu or return to student in sealed envelope with your signature across the seal.