

**To apply for admission, submit the following:**

1. This completed application form.
2. Non-refundable application fees: (cash or money order only)
  - a. \$100 (RN)
  - b. \$75 (VN)
3. Entrance Test fees:
  - a. Prepaid directly to ATI (VN)
  - b. Cash or money order (RN)



1340 North El Dorado Street  
 Stockton, CA 95202, (209)941-0968  
[www.xavier-college.com](http://www.xavier-college.com)

## APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE:

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

**HOME ADDRESS:** \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DRIVER'S LICENSE (or I.D.)#:** \_\_\_\_\_

**ARE YOU A VETERAN?**  Yes  No **DATE OF BIRTH:** \_\_\_\_\_ **GENDER:**  Male  Female

**ARE YOU A U.S. CITIZEN OR A PERMANENT RESIDENT OF THE U.S.?** (Check one) a.  I am a U.S. citizen  
 b.  I am a permanent resident of the U.S.  
 c.  Other \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:** \_\_\_\_\_

NAME RELATIONSHIP PHONE NUMBER

**Previous Education:** Official transcripts required. Completed course grades must be a minimum of C or 2.5.

Courses or Classes Completed	Units/ Credits	Grade	College or School Name	Location of School
<input type="checkbox"/> Anatomy				
<input type="checkbox"/> Physiology				
<input type="checkbox"/> Microbiology				
<input type="checkbox"/> Psychology				
<input type="checkbox"/> Algebra				
<input type="checkbox"/> English (Reading & Composition)				
<input type="checkbox"/> English Communication (Speech)				
<input type="checkbox"/> Other (Courses or Degrees) <i>pls. specify below:</i>				
<input type="checkbox"/> Other (Courses or Degrees) <i>pls. specify below:</i>				

**VN/PN PROGRAM:** Official transcript required

College or School Name: \_\_\_\_\_ City & State: \_\_\_\_\_

License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**HIGH SCHOOL/GED:** Original document must be presented

School Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

\*Note: International transcripts must be accompanied by a report of academic equivalency evaluation.

\*\*Note: Criminal histories may be a cause for the Board of Registered Nursing (BRN) to disapprove license applications.

For questions, please call the BRN or go to their website: WWW.RN.CA.GOV

***I certify that the information on this application is complete and correct to the best of my knowledge.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent, if applicant is under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

*Xavier College admits students regardless of sex, race, color, religion, national or ethnic origin, marital status, sexual preference, physical appearance or age.*