



1340 North El Dorado Street
 Stockton, CA 95202, (209)941-0968
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.

IN CASE OF EMERGENCY, PLEASE NOTIFY: c. Other _____

NAME RELATIONSHIP PHONE NUMBER

Previous Education: Official transcripts, if applicable. 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>				

LVN's/PN's applying for the ADN RN Prelicensure Program (Advanced Placement): *Official transcript required*

College or School Name: _____ City & State: _____

License No: _____ Expiration Date: _____ Completion Date: _____

HIGH SCHOOL/GED: Original document must be presented (*for all applications*).

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) and the Board of Vocational & Psychiatric Technicians (BVNPT) to disapprove license applications.

For questions, please call the BRN at (916) 322-3350 or go to their website: WWW.RN.CA.GOV

BVNPT at (916) 263-7800 or go their website: WWW.BVNPT.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.