



# Rio Hondo College Health Science & Nursing Division Vocational Nursing Application



## PERSONAL INFORMATION

Last Name First Name M.I.

Street Address

City Zip Code

Phone Number Cell Phone

E-mail Address Female Male

RHC I. D #

Social Security

Name of person to notify in case of Emergency

Emergency Phone Number



## EDUCATION

High School Attended

High School Diploma Transcripts Attached

GED Examination Date of Graduaton

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College Attended

Street Address

City

State  Zip Code

All Official College Transcripts  Sent to Admissions/Records Yes No

Units G.P.A.

## Certificate or License

Certificate/License

Certificate/License Number Expiration Date

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**Student requesting course substitute for previous nursing courses completed, please answer the following:**

**Program:**

ADN

LVN

Psych Tech

School attended

Year

Identify the course(s)  
requesting to substitute

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**I understand I may not add any additional documents to this application once it is submitted.**

Signature

Date