West Coast Ultrasound Institute

Application for Admission

Personal Information

Last Name	First Name	Maiden Name	
Present Street Address		Apt. or Suite #	
City	State	Zip	
/ / Date of Birth	Social Security Number	Gender: O Male O Female	
	Social Security Number		
Permanent Street Address		Apt. or Suite #	
City	State	Zip	
Cell Phone Number		Home Phone Number	
Email Address		Work Phone Number	
Country of Citizenship Cou	ntry of Birth	O Domestic Student O International Student	
Emergency Contact Name		Emergency Contact Phone	
Emergency Contact Email		Emergency Contact Relationship	

Emergency Contact Address

Education Information

Please list any high school and/or college training you have had:

School	Location	Major	From	То	Diploma/Degree

Select Campus:	Select Term:	Select Year:		
O Beverly Hills = BH	O Winter	O 2019		
O Ontario = OT	O Spring	O 2020		
O Phoenix = PH	O Summer	O 2021		
	O Fall	O 2022		
Select Program of Study:		O Academic Associate of Science in Diagnostic		
 O Bachelor of Science in Diagnostic Cardiovascular Sonography O Bachelor of Science in Diagnostic Medical Sonography O Bachelor of Science in Nursing (RN to BSN) Degree Completion O Academic Associate of Science in Diagnostic Medical Sonography O Academic Associate of Science in Cardiovascular Sonography 		Vascular Sonography		
		O Academic Associate of Science in Magnetic Resonance Imaging		
		O Diploma in Magnetic Resonance Imaging (CA only)		
		O Diploma in Pediatric Ultrasound and Congenital Heart Disease		
		O Diploma in Vocational Nursing (CA only)		
How did you hear about the school: ((i.e. Friend, Magazine, etc.)			
Found us online? What did you search for? 1))3)		
Will you be applying for Financial Aid	? O YES O NO			
Have you completed a FAFSA form o	nline? O YES O NO			
Are you a Veteran? O YES O NO	Are you eligible for Veteran Bene	efits? O YES O NO		
Please specify your Nationality: (Opti	ional, for statistical purposes only)		
O American Indian or Alaska Native O Asian		O Black or African American		
O Native Hawaiian or Other Pacific Islander O White Non-Hispani		O Hispanic or Latino		

O Two or More Races	O Nonresident Alien

Sign Application and Complete Checklist:

Please check each item as you complete them and include them along with this application. If you have questions regarding any of the following requirements please contact the Admissions Office at the campus you wish to attend. (Beverly Hills 310.289.5123 - Ontario 909.483.3808 - Phoenix 602.954.3834)

For Vocational Nursing (VN) Students ONLY: The VN Program has additional requirements that will be given to the student after the initial application process below has been completed and approved by the Education Department.

For International Students ONLY: You MUST complete all of the Admissions requirements and be accepted to the school before any consideration will be given to your VISA process.

IMPORTANT	Items required to complete Application process:
I hereby certify that I have graduated from high school or the	. Appointment to take the Entrance Exam//
equivalent and that it is my responsibility to furnish WCUI	. Completed Application Form
with proof of graduation, and without which I will NOT be	. Application Fee \$100 (non-refundable)
accepted into my program of study.	. Background Check (Please call Admissions for details,
	Domestic Students Only)
	. Two Professional References (International Students
	Only)
Applicant MUST Sign Here	. Copy of valid H.S. Diploma or Equivalent
	. Transcripts from previous schooling (if applicable)
	. Personal Statement

After completing the application, please sign below. If you are under 18 years old, you must have a Parent or Guardian sign as well. By signing below you acknowledge that all information provided herein is true, correct and complete to the best of your knowledge.

Applicant Signature