

Student ID:	

Application for Admission

P	er	SO	n	al	ı	n	f	O	rı	m	a	ti	O	n
	_	J	ш	u			ш	v		ш	u	•	v	

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

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 Los Angeles = LA	O Winter	O 2020					
O Ontario = OT	O Spring	O 2021					
O Phoenix = PH	O Summer	O 2022					
	O Fall	O 2023					
Select Program of Study:		O Academic Associate of Science	in Diagnostic				
O Bachelor of Science in Diagnostic Car	diovascular	O Academic Associate of Science in Diagnostic Vascular Sonography					
Sonography		O Academic Associate of Science	in Magnetic				
O Bachelor of Science in Diagnostic Me	dical Sonography	Resonance Imaging	in washetic				
O Bachelor of Science in Nursing (RN to Completion	BSN) Degree	O Diploma in Magnetic Resonance Imaging					
O Academic Associate of Science in Dia	gnostic Medical	O Diploma in Pediatric Ultrasound	d and				
Sonography	Briodile ivicated	Congenital Heart Disease					
O Academic Associate of Science in Car	diovascular	O Diploma in Vocational Nursing ((CA)				
Sonography		O Diploma in Practical Nursing (AZ	Z)				
How did you hear about the school (i.e.	friend, co-worker, etc.		,				
Found us online? What did you search f		2)3)					
· · · · · ·		you completed a FAFSA form online? O Y	YES O NO				
Are you a Veteran? O YES O NO Ar Please specify your Nationality: (Option	, .	ran Benefits? O YES O NO ses only)					
O American Indian or Alaska Native	O Asian	O Black or African American	O White Non-Hispanic				
O Native Hawaiian or Other Pacific Islan	nder O Hispanic or La		O Nonresident Alien				
Are you proficient in language(s) other	•						
following requirements please contact 909.483.3808 - Phoenix 602.954.3834) ancestry, sex (including pregnancy, childb. condition, marital status, age, sexual orie federal, state or local law. For more inform	them and include then the Admissions Office a . WCUI does not discrin irth, or related medical on tation, gender, gender nation regarding WCUI's policies, drug and alcoh	m along with this application. If you have quest the campus you wish to attend (Los Anguinate based on an individual's race, religion conditions), military or veteran status, physical identity or expression, genetic information of Non-Discrimination Policy, please see the Catol policies, and crime statistics is published in	geles 310.289.5123 - Ontario n, creed, color, national origin, al or mental disability, medical or any other basis protected by talog. Additionally, information				
For Vocational and Practical Nursing St	udents ONLY: The VN	and PN Program have additional requirem	ents that will be given to the				
student after the initial application process below has been completed and approved by the Education Department.							
	•	ne Admissions requirements and be accep	ted to the school before any				
consideration will be given to your stud	ent VISA process.						
IMPORTANT I hereby certify that I have graduated frequivalent and that it is my responsibilit		Items required to complete Application process: . Appointment to take the Entrance Exam//					
an original, valid high school diploma or		. Background Check (Please call Admission	ns for details, Domestic				
accepted), and without which I will NO program of study. If an original is	Students Only) Two Professional References (Internation	al References (International Students Only)					
transcripts will be required (no unofficia		Provide valid H.S. Diploma or Equivalent					
		. Transcripts from previous schooling (if a	oplicable)				
		Personal Statement Unon acceptance, submit \$100 Registrat	ion Fee (non-refundable				
. Upon acceptance, submit \$100 Registration Fee (non-refundable more than 3 days after signing agreement)							
By signing below you acknowledge that	all information provide	under 18 years old, you must have a Pare	the best of your knowledge.				
Applicant Signature Da	ate	Parent or Guardian Signature D	ate				

Updated 9/2020