## West Coast Ultrasound Institute

Application for Admission

## **Personal Information**

Maiden Name	
iite #	
O Male O Female	
ite #	
ne Number	
ne Number	
O Domestic Student O International Student	
Emergency Contact Phone	
Emergency Contact Relationship	
t	

**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 Los Angeles = LA	O Winter	O 2019
O Ontario = OT	O Spring	0 2020
O Phoenix = PH	O Summer	O 2021
	O Fall	O 2022
Select Program of Study: O Bachelor of Science in Diagno Sonography O Bachelor of Science in Diagno O Bachelor of Science in Nursin Completion O Academic Associate of Science Sonography O Academic Associate of Science Sonography	istic Medical Sonography g (RN to BSN) Degree e in Diagnostic Medical	<ul> <li>O Academic Associate of Science in Diagnostic Vascular Sonography</li> <li>O Academic Associate of Science in Magnetic Resonance Imaging</li> <li>O Diploma in Magnetic Resonance Imaging (CA only)</li> <li>O Diploma in Pediatric Ultrasound and Congenital Heart Disease</li> <li>O Diploma in Vocational Nursing (CA only)</li> </ul>
Found us online? What did you Will you be applying for Financi Have you completed a FAFSA fo Are you a Veteran? O <b>YES</b> O <b>N</b>	al Aid? O YES O NO	
O American Indian or Alaska Na	tive O Asian	O Black or African American O White Non-Hispa

O Hispanic or Latino

## Sign Application and Complete Checklist:

O Native Hawaiian or Other Pacific Islander

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 **(Los Angeles 310.289.5123 - Ontario 909.483.3808 - Phoenix 602.954.3834).** *WCUI does not discriminate based on an individual's race, religion, creed, color, national origin, ancestry, sex (including pregnancy, childbirth, or related medical conditions), military or veteran status, physical or mental disability, medical condition, marital status, age, sexual orientation, gender, gender identity or expression, genetic information or any other basis protected by federal, state or local law. For more information regarding WCUI's Non-Discrimination Policy, please see the Catalog.* 

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 student VISA process.

IMPORTANT	Items required to complete Application process:
I hereby certify that I have graduated from high school or the equivalent and that it is my responsibility to furnish WCUI with an original, valid high school diploma or equivalent (no	<ul> <li>Appointment to take the Entrance Exam//</li> <li>Completed Application Form</li> <li>Background Check (Please call Admissions for details,</li> </ul>
copies accepted), and without which I will NOT be accepted into my program of study. If an original is not available, official transcripts will be required (no unofficial transcripts).	Domestic Students Only) . Two Professional References (International Students Only) . Provide valid H.S. Diploma or Equivalent . Transcripts from previous schooling (if applicable)
Applicant <b>MUST</b> Sign Here	<ul> <li>Personal Statement</li> <li>Upon acceptance, submit \$100 Registration Fee (non-refundable more than 3 days after signing agreement)</li> </ul>

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.

O Two or More Races

**O** Nonresident Alien