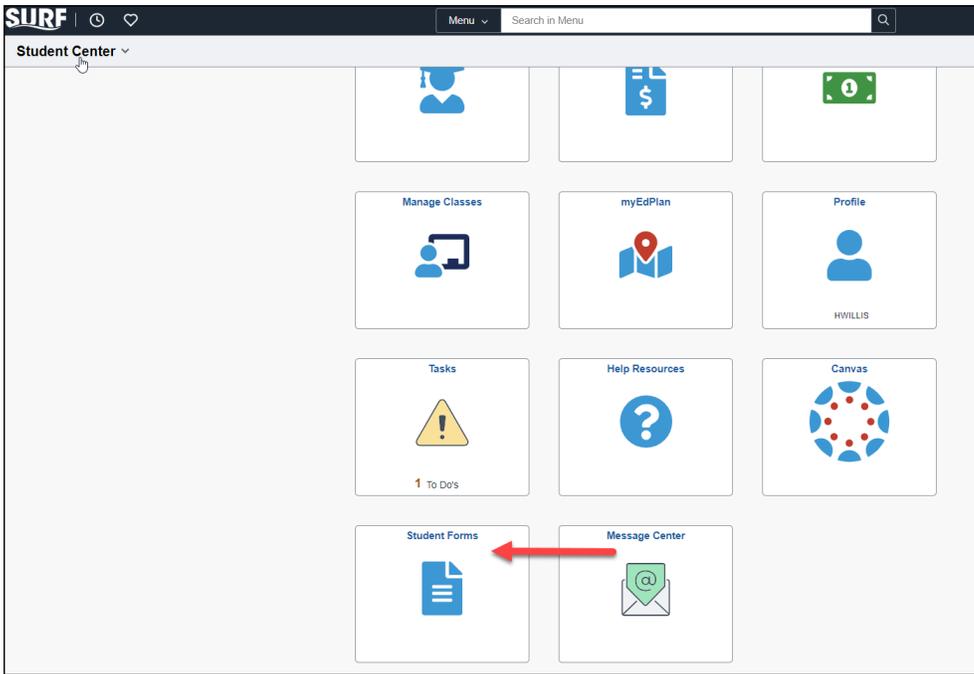
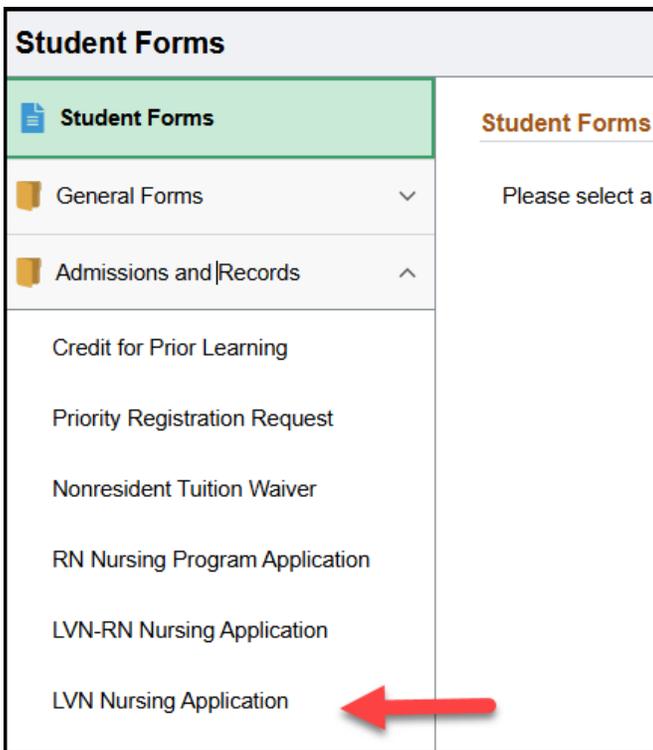


Log-in to Surf, click **Student Forms**.



Click **Admissions and Records** and then **LVN Nursing Application**.



Select term.

Application : LVN Program

Student Information

Student ID [REDACTED]
Name [REDACTED]
Program ID NLVN
Program Name Licensed Vocational Nurse

Program Description
LVN program graduates are eligible to take the National Council Licensure Examination – Vocational Nurse (NCLEX-VN). This program confers a certificate or, with additional coursework, an Associate Degree in Nursing.

Term

Contact Information

Fall 2025
Summer 2025

Enter Contact Information:

Contact Information

Address Line 1 [REDACTED]
Address Line 2 [REDACTED]
City San Marcos
State CA
Postal Code 92078
Telephone 760/7 [REDACTED]
Email Address [REDACTED]@osta.edu
[Update Email](#)
[Update Address](#)

In the event that we are unable to reach you based on the information we have on file, whom do you authorize us to contact to obtain your up-to-date phone number, mailing address and/or email address? We will identify ourselves as part of MiraCosta's Nursing and Allied Health program, but will not share any additional information with this person.

Contact Person [REDACTED] s
Contact Email [REDACTED]@gmail.com
Contact Phone Number [REDACTED] 045

Contact Information [REDACTED]

Enter all **Colleges and Degrees**. Click on Insert a Row if you need to enter more than 1 college or degree.

Colleges and Degrees

Enter all colleges, (including MiraCosta College) that you previously attended and any degree awarded. If no degree was awarded, enter N/A under Degree. Insert as many rows as necessary for a complete history of your higher education. Official transcripts must be sent directly from each institution to MiraCosta's Admissions and Records Office before your application can be evaluated. MiraCosta accepts official transcripts from other institutions by mail or electronically.

Official AP scores must be sent from the College Board to the Admissions and Records Office before your application can be evaluated.

Email address: transcripts@miracosta.edu

Mailing Address: MiraCosta College, 1 Barnard Drive, MS 10A, Oceanside, CA 92056

*School Name †↓	*Year From †↓	*Year To †↓	Degree †↓	Insert A Row	Delete A Row
1 MiraCosta College	2020	2023	AS Biology for Transfer	+ 	-

1 row

Enter **Life Experience** or **Special Circumstances**. Supporting documentation is attached at the end of the application.

Life Experience or Special Circumstances

Are you currently or have you ever been enrolled in another Nursing Program? No

Other nursing school attended

Were you employed (in any field) while completing the prerequisite coursework? Yes No

Do you have work or volunteer experience specifically in Health Care in the last 3 years? Yes No

Do you have a documented disability? Yes No

Your Military Status ▼

Corpsman, Medic or other health specialty? No

Your Military Dependent Status ▼

Do you consider yourself economically, socially, or educationally disadvantaged? This may include being a current or former foster youth, DACA recipients, AB540 students, low family income, first generation college attendees, refugee status or other circumstances. Choose all that apply.

Students with low family income are those that are or have been eligible for the California College Promise Grant, which is noted on your financial aid offer letter.

If you consider yourself disadvantaged, submit verification of prior experience in the EOPS program or a personal statement regarding your experience. Your personal statement may be uploaded as a file at the end of this application, or you can type directly into the box below. You can expand the text box to type your statement by dragging the bottom right corner of the field.

EOPS Program Participant No

Low Family Income Yes No

Are you the first person in your immediate family to attend college? No

Any recent (within the last 3 years) difficult personal or family circumstance? If yes, please describe

Enter **Additional Information**.

Additional Information

Do you have a current California CNA certificate? Yes

Please enter your California CNA Certificate Number in the Class Description column for the NURS 160 prerequisite.

Have you taken college-level courses in languages other than English, including ASL? No

Language courses completed

What is the primary language spoken in your household?

Are you fluent in any language other than English? Yes

Enter **Languages**. Click on Insert a Row if you need to enter more than language.

Languages

Enter all languages other than English in which you are fluent, including American Sign Language (ASL).

Language Code ↑↓		1 row
1	<input type="text" value="Spanish"/>	<input type="button" value="+"/> <input type="button" value="-"/>

Attach an unofficial transcript of high school graduation, diploma, or GED or unofficial transcript of a degree from an accredited college. Document(s) must be attached to this form before submission.

If required document(s) are not attached, your application is incomplete and **will be rejected**.

Documents must be in PDF format ONLY. We cannot accept pictures from mobile devices, some of which use a non-standard format unreadable by our system.

File Attachments

1 row

Attachment Required	Upload	Description ↑↓	File Name ↑↓	Delete
1	Upload	Supporting Documentation		

Add

Form Action Items

1 row

Acknowledgement	
1	<input checked="" type="checkbox"/> Yes Attach an unofficial transcript of high school graduation, diploma, or GED or unofficial transcript of a degree from an accredited college.

Click **Save** if you would like to continue working on this application.

Click **Submit** once you have completed the application and attached all required documents.

Please Note: Once you click "Submit" you will no longer be able to edit or add documents to your application.