WCUI School of Medical Imaging
Los Angeles |Ontario | Phoenix
wcui.edu
(888) 315-4993 | admissions@wcui.edu

Admissions Imaging Application

Personal Information

Last Name _____   First Name _____   Maiden _____

Present Street Address _____   Apt. or Suite # _____

City _____   State _____   Zip Code _____

Date of Birth _____   SSN _____   Gender: _____

Permanent Street Address _____   Apt. or Suite # _____

City _____   State _____   Zip Code _____   Email Address _____

Cell Phone _____   Home Phone _____   Work Phone _____

Country of Citizenship _____   Country of Birth _____   Student Type: _____

Emergency Contact Full 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	To	Diploma/Degree

Select Campus: _____   Select Term: _____   Select Year: _____

Select Program of Study: _____

How did you hear about the school: (i.e. Friend, Magazine, etc.) _____

Found us online? What did you search for? _____

Will you be applying for Financial Aid?   Have you completed a FAFSA form online?

Are you a Veteran?   Are you eligible for Veteran Benefits?

Please specify your Nationality: (Optional, for statistical purposes only)

Are you proficient in language(s) other than English?

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 **(Los Angeles 310.289.5123 - Ontario 909.483.3808 - Phoenix 602.954.3834)**. Smith Chason School of Nursing 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 the College's Non-Discrimination Policy, please see the Catalog. Additionally, information about campus safety and security policies, drug and alcohol policies, and crime statistics is published in the College's Annual Security Report available at https://smithchason.com/consumer-information/.

The nursing programs have additional requirements that will be given to the student after the initial application process below has been completed and approved by the Nursing Department.

For International Students ONLY

You MUST complete all 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 the College with an original, valid high school diploma or equivalent (no 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). _____ **Applicant Signature Required**	• Appointment to take the Entrance Exam (VN, PN, RN-to-BSN) • Pass TEAS by ATI with 62 or higher (ADN) • Completed Application Form • Provide valid H.S. Diploma or Equivalent • Complete 500-word Essay • Complete Background Check Application (Please contact Admissions for details, Domestic Students Only) • Submit copy unexpired valid government-issued photo ID • Transcripts from previous schooling (if applicable) • Two Professional References (International Students Only) • Upon acceptance, submit $100 Registration Fee (non-refundable more than 3 days after signing agreement)

After completing the application, please sign below. If you are under 18 years old (diploma-level programs), 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.

A copy of this signature sheet will be placed in your student file and you have received a copy.

_____   _____
Student Signature   Date

_____   _____
Parent/Guardian Signature   Date