Napa Valley College Associate Degree Nursing Program (A.D.N.) First Semester Application for Admission

* To be submitted only when the applicant has met all program pre-requisite requirements

Please Print or Type: Name:					
Last Name		First Name		MI	
Current Address:					
City:	State:	Zip Code	2:		
Phone Number ()	_ Daytime Pho	one Number ()		
E-mail address					
Napa Valley College ID#					
Times applying to the A.D.N. program (circle one)	First	Second	Third	other:
I verify that I have met the followin	g requireme:	nts: (Must ched	ck all)		
I am submitting an official co		•	•	niversity that I l	nave attended.
If you don't submit official		-			
If you completed classes at	•	_			
, ,	, ,			, , , , , , , , , , , , , , , , , , , ,	
I am submitting an official co	opy of my Hig	gh School trans	script, <u>or</u> a co	py of my High S	School Diploma, <u>or</u> a
copy of my GED, or College t	ranscripts sh	owing comple	tion of an A.S	S./A.A. degree	or higher, or an
international evaluation.	•				 ,
Name of High School or Col	lege/Universit	v and graduation	n vear:		
3	<i>3 </i>	, 0	,		
I am submitting an official t	ranscript wit	h a <i>minimum</i> s	core of 62%	on the Test of E	ssential Academic
Skills (New TEAS 7). Please note of	n your applicatio	on if you've already	submitted it to N	vc.	
I am submitting a completed	l conv of my	initial COVID V	laccines and	Hon R MMP	and Varicalla Titors
(blood test). Please note on your			•		
(cmiller@napavalley.edu).	application if you	u ve aiready submit	ted titers & initia	I COVID Vaccine to C	indy willer
(chimer e hapavane y caa).					
I am submitting a copy of m	y CNA or LVN	l or PTEC Licen	se. My licens	e number is	
	•		•		
You must submit official copies of tra	nscripts from	ALL other colle	eges/universit	ies that you hav	ve attended, including
the transcripts showing completion of	f the following	g classes at the	time that you	submit your A.D	N. application. If
you do not submit official copies of y	our transcript	ts, your applica	tion will not b	e accepted. Re	quired classes include:
Name of Course	Name	e of College/Uni	iversity	Date of S	uccessful Completion
Human Anatomy (minimum 4 units)					
Human Physiology (minimum 4 units)				<u></u>	
Microbiology (minimum 4 units)				· 	
PYSC 125 (minimum 3 units)					·
Reading & Composition (minimum 3 u	inits)			_	
COMM 120 or 122 or 124 or 126 or					

or **equivalent**

Check each area that applies to you: (must check at least one)
I have a current Napa Valley College Application for admissions on file.
I am currently taking classes at Napa Valley College.
Submit this application to the Admissions & Records Office at Napa Valley College by mail as instructed on the ADN webpage. We are accepting applications mail dated June 16, 2025 -June 20, 2025, only. Mail dated PRIOR to June 16, 2025, or after June 20, 2025, WILL NOT BE ACCEPTED. Include all official copies of transcripts from every College/University. (If you have taken your courses at Napa Valley College you do not need to submit official transcripts).
If your official high school or college transcripts are from other countries, they must be evaluated by an International Evaluation service prior to submission of your application, and you must provide Napa Valley College a certificate from the International Evaluator. Forms are available in the Admissions and Records office.
Please keep Margarita Ceja informed of any change in your address; mceja@napavalley.edu . If we cannot reach you, we cannot notify you of acceptance.
You will receive an email the week of September 15, 2025, stating whether or not you will be invited to join the Napa Valley College Associate Degree Nursing Program for Spring, 2026.
If accepted, there will be a mandatory orientation meeting in November.
We no longer have a wait list, and applications received will be randomly selected from only <i>completed applications</i> . If you are not accepted for Spring 2026 and are still interested in joining our program, you will need to re-apply for Spring 2027 at the application timeframe announced on the A.D.N. website.

Applicant's Signature_____

<u>Submit your Completed A.D.N. application, with the required documents,</u>
<u>during the application period by mail to:</u>

Margarita Ceja. Napa Valley College Admissions and Records Department 2277 Napa-Vallejo Hwy. Napa, Ca 94558

