



# WEST COAST ULTRASOUND INSTITUTE

## APPLICATION FOR ADMISSION

### Personal Information

Last Name	First Name	Maiden Name	Social Security #
Present Address			Apt. or Suite #
City	State	Zip	
/ / Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent Address			Apt. or Suite #
City	State	Zip	
Cell Phone Number		Home Phone Number	
Email Address		Other	
/ / Country of Citizenship and Country of Birth		<input type="checkbox"/> Domestic Student <input type="checkbox"/> International Student	
Emergency Contact Name		Emergency Contact Phone	
Emergency Contact Email		Emergency Contact Relationship	
Emergency Contact Address			

### Education Information

Please list any high school and college training you have had:

School	Location	Major	From	To	Diploma/Degree

Please select a Campus, Term, Year and Program of Study:

(Not all programs/schedules offered at all locations)

Select Campus:

- Beverly Hills = BH
- Ontario = OT
- Phoenix = PH

Select Term:

- Winter
- Spring
- Summer
- Fall

Select Year:

- 2016
- 2017
- 2018
- 2019
- 2020

- |  |  |
|--|--|
| <input type="checkbox"/> Bachelor of Science in Diagnostic Cardiovascular Sonography<br>(Offered at All Campuses)  | <input type="checkbox"/> Morning<br><input type="checkbox"/> Evening<br><input type="checkbox"/> Weekend |
| <input type="checkbox"/> Bachelor of Science in Diagnostic Medical Sonography<br>(Offered at All Campuses)         | <input type="checkbox"/> Morning<br><input type="checkbox"/> Evening<br><input type="checkbox"/> Weekend |
| <input type="checkbox"/> Accademic Associate of Science in Diagnostic Medical Sonography (Offered at All Campuses) | <input type="checkbox"/> Morning<br><input type="checkbox"/> Evening<br><input type="checkbox"/> Weekend |
| <input type="checkbox"/> Accademic Associate of Science in Cardiovascular Sonography (Offered at All Campuses)     | <input type="checkbox"/> Morning<br><input type="checkbox"/> Evening<br><input type="checkbox"/> Weekend |
| <input type="checkbox"/> Accademic Associate of Science in Magnetic Resonance Imaging (Offered at All Campuses)    | <input type="checkbox"/> Evening   |
| <input type="checkbox"/> Magnetic Resonance Imaging (Not Offered at All Campuses) Diploma                          | <input type="checkbox"/> Evening   |
| <input type="checkbox"/> Pediatric Cardiac Ultrasound and Congenital Heart Disease (Offered at All Campuses)       | <input type="checkbox"/> Evening/<br>Weekend   |
| <input type="checkbox"/> Vocational Nursing<br>(Offered at Beverly Hills and Ontario Only)                         | <input type="checkbox"/> Morning<br><input type="checkbox"/> Evening/<br>Weekend                         |

Additional Information

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

Will you be applying for Financial Aid?  YES/ NO

Have you gone online and completed a FAFSA form?  YES/ NO

Are you a Veteran?  YES/ NO Are you eligible for Veteran Benefits?  YES/ NO

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Asian              | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Hispanic or Latino:       |

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. **(Beverly Hills 310.289.5123 - Ontario 909.483.3808 - Phoenix 602.954.3834)**

**Note for VN Students ONLY:** The VN Program has additional requirements that will be given to the student after the initial application process below have been completed and approved by the Education Department.

**Note 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 VISA process.

**IMPORTANT**

I hereby certify that I have graduated from high school or the equivalent and that it is my responsibility to furnish WCU with proof of graduation, and without which I will NOT be accepted to my program of study.

**Items required to complete Application process**

- Appointment to take the Entrance Exam \_\_\_\_/\_\_\_\_/\_\_\_\_
- Completed Application Form
- Application Fee \$100
- Background Check (Please call Admissions for details, Domestic Students Only)
- Two Professional References (International Students Only)
- Copy of H.S. Diploma or Equivalent
- Transcripts from previous schooling (if applicable)
- Personal Statement

Applicant **MUST** Sign Here

After completing the application, please sign below. If you are under 18 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.

\_\_\_\_\_  
Signature of Prospective Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date