

**Post Licensure Course Participant Form**

VN 300C

VN 300D

Please complete the following information, ensuring that it is complete and legible

**Student Information**

Student Name: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s & Email: \_\_\_\_\_

Type of Documents/Approvals:

- DON approval     
  Work verification     
  SA approval     
  Transcript completed  
 LVN license     
  School verification     
  FA approval     
  Other: \_\_\_\_\_

A fee of \$1000.00 will be charged for if accepted into the completion program. The student's financial accounts must be current & the student in good financial standing prior to the college furnishing any transcripts or other documentation. Documents will be issued after completion of all required coursework, FA & SA clearance, and all required student documentation is received.

I understand the terms for program completion:

\_\_\_\_\_  
Student Signature Date

**Office Use Only**

- FA Cleared \_\_\_\_\_  
 Fee Received: YES \_\_\_\_\_ Amount \$ \_\_\_\_\_ NO \_\_\_\_\_  
 SA Cleared \_\_\_\_\_  
 Unable to Complete, See Comments

Comments:

\_\_\_\_\_  
Angeles Institute Employee Signature Date