

Los Angeles Harbor College | Associate Degree Nursing Program
ADN Supporting Documentation Form

Last Name	First / Middle Name	LACCD Student ID #

Attention: Please type, do not handwrite.

Please select **ONE** Life Experience and briefly explain below.

- First generation of family to attend college
- Difficult personal or family situations or circumstances
- Other _____

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I verify that all information above is complete and true. I understand that false information will result in disqualification for consideration or admittance to the nursing program.

Printed Name	Signature	Date