



BLESSING-RIEMAN

College of Nursing & Health Sciences

Application for Graduate Admission

Master of Science in Nursing: Education Track Administration Track

Post-Master's Certificate: Education Track Administration Track

Planned entrance date: Spring ____ Summer ____ Fall ____

Full Legal Name: _____
First Middle Last

Social Security Number (optional) : _____ Date of Birth: _____

Mailing Address: _____

City State Zip Code

Cell Phone:() _____ Personal Email Address: _____

Current place of employment: _____

Current RN License Number and State: _____

Briefly Describe your work experience: _____

I am a US citizen: YES NO If no, country of citizenship _____

What is your primary language? _____

Ethnicity (Optional): Please check all that apply

American Indian or Alaskan Native Asian Black or African American

Hispanic or Latino Middle Eastern or North African

Native Hawaiian or Pacific Islander White Prefer not to respond

Gender (at birth): Male Female Gender Identity: Male Female Non-Binary/Other

How did you hear about Blessing-Rieman College? _____

Signature

Date

www.brcn.edu

Blessing-Rieman College of Nursing & Health Sciences prohibits sex discrimination in any education program or activity that it operates. Individuals may report concerns or questions to the Title IX Coordinator. The notice of nondiscrimination is located at <https://www.brcn.edu/about-us/institutional-disclosures-consumer-information>.