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: ☐ Male ☐ Female ☐ Non-Binary/Other

How did you hear about Blessing-Rieman College?_____

_____

_____ _____
Signature Date

www.brcn.edu

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