

## **Application for Undergraduate Admission**

□ Res			Nursing  Radiologic Science Current RN's Only)  RRT-BSRT (For	
Planned entrance date: D	Spring 20	_ 🗆 Summer	20 D Fall 20	
Full Legal Name: First		Middle	Last	
Social Security Number (optional) :			Date of Birth:	
Permanent Address:				
City	State	2	Zip Code	
Cell Phone:( )	Persor	nal Email Addre	ess:	
Did you attend Explore Nurs	ing? 🗆 Yes	□ No		
I am a US citizen: 🗆 YES 🗆	NO If no, cou	intry of citizen	iship	
What is your primary langua	ige?			
Ethnicity (Optional): Please che	eck all that app	bly		
American Indian or Alask	an Native 🛛	Asian 🗆 Bla	ack or African American	
Hispanic or Latino D	1iddle Eastern	or North Afric	an 🗆 Native Hawaiian or Pacific Islande	er
White      Prefer not to	respond			
Gender (at birth): 🗆 Male	Female G	ender Identity	$r: \Box$ Male $\Box$ Female $\Box$ Non-Binary/Othe	er
How did you hear about Ble	ssing-Rieman	College?		
Signature			Date	

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 <a href="https://www.brcn.edu/about-us/institutional-disclosures-consumer-information">https://www.brcn.edu/about-us/institutional-disclosures-consumer-information</a>.

## For Office Use Only:

- □ Part-Time □ Full-Time □ First Time Student □ Transfer
- □ Culver-Stockton College □ Quincy University □ BRCN
- □ Direct Transfer □ Second Degree