



Application for Undergraduate Admission

Program Applying to: Medical Laboratory Science Nursing Radiologic Science
 Respiratory Care RN-BSN (For Current RN's Only) RRT-BSRT (For Current RRT's Only)

Planned entrance date: Spring 20____ Summer 20____ Fall 20____

Full Legal Name: _____
 First Middle Last

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

Permanent Address: _____

 City State Zip Code

Cell Phone:() _____ Personal Email Address: _____

Did you attend Explore Nursing? Yes No

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

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>.

For Office Use Only:

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