BLESSING-RIEMAN
College of Nursing & Health Sciences

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

For Office Use Only:

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