

BRCN OFFICE OF ADMISSIONS 3609 N. Marx Dr. | Quincy, IL 62305 217.228.5520 | Fax: 217.221.0778 admissions@brcn.edu www.brcn.edu

## Dual Enrollment Application & Course Registration

Please Note–Students are responsible for payment of total bill one week before the start of classes. Tuition Cost \$155 per credit hour.

Books for classes can be found at www.brcn.edu/parents-current-students/book-list or call 217.228.5520. Business Office payment options: Pay by check, credit, or debit, call 217.228.5520 Ext.6996. Or online at <a href="https://www.brcn.edu/billpay#no-back">https://www.brcn.edu/billpay#no-back</a>

High School No	ame		/Grad Date		
(Please PRINT and fill out	COMPLETELY - Return form to BF	RCN Admissions Office -	admissions@brcn.edu).		
Name:	Last	First	Middle Initio	al	
Address:					
School Email:	Personal I	Email:	Phone:		
SSN: [Social Security Number is required]	Date of Birth: ed for tax reporting purposes for educati		er at Birth: Male	Female	

			Fall 2023	(8/21/2023 – 12/14/2023)	
Select Course with "X"	Course Prefix	Course NO.	Course Type	Course	Credit Hours
	HSE	463	Online	Introduction to Interprofessional Healthcare (1st 8-week session, 8/21/23 - 10/13/23)	2
	HSE	280	Online	Medical Terminology (1st 8-wk session, 8/21/23 - 10/13/23)	2
	HSE	462	Online	Communication for the Healthcare Professional (2 <sup>nd</sup> 8-wk session, 10/16/23 - 12/14/23)	2
	NSG	201 B	Online	Fundamentals of Nutrition (8/21/23 - 12/14/23)	2
	NSG	282	Online	Introduction to Forensics in Nursing (1st 8-wk session, 8/21/23 - 10/13/23)	2

Spring 2024 (1/8/2024 – 5/9/2024)					
Select Course with "X"	Course Prefix	Course NO.	Course Type	Course	Credit Hours
	HSE	280	Online	Medical Terminology (1 <sup>st</sup> 8-wk session, 1/8/24 – 3/1/24)	2
	HSE	462	Online	Communication for the Healthcare Professional (2 <sup>nd</sup> 8-wk session, 3/11/24 - 5/9/24)	2
	NSG	201 B	Online	Fundamentals of Nutrition (1/8/24-5/9/24)	2
	NSG	282	Online	Introduction to Forensics in Nursing (1st 8-wk-session, 1/8/24 - 3/1/24)	2

Have you	ever attended Blessing-Rieman C	ollege of Nursing & H	ealth Sciences (including dual enrollment course	(\$\$)	
O Yes	ONO				
Please ider	ntify your racial/ethnic group. (se	lect all that apply)			
☐ Asian ☐ White	☐ American Indian or Alaskan☐ Native Hawaiian or Pacific Is		k or African American   Hispanic or Latino ose not to respond/unknown		
	<b>lispanic or Latino? (Or are you</b> m Hispanic or Latino	of Spanish origin?)  No, I am not Hisp			
No, I an	n the United States on a Visa? In a citizen of the United States In not a citizen of the United State	s, but am a legal resid	dent alien or refugee. Resident#	-	
O Yes, I ar	m in the United States on a Visa	Home Country of Orig	gin:Visa Type:		
records the high related in the co	—To authorize, the student under a school and Blessing-Rieman Coll	rstands the informatio lege of Nursing & Hec am participation, as w	protects the privacy of student educational n presented on this form and gives permission to alth Sciences to share, collaboratively, information well as with his/her parent/guardian while enrolled	n	
Student's	Signature		Date		
Parent/G	uardian Signature	Date	Parent/Guardian Signature (optional)	Date	
Parent/G	uardian Name (print)	Date	Parent/Guardian Name (print) (optional)	Date	
Parent/G	uardian Email Address		Parent/Guardian Phone #		
Counseld	H SCHOOL COUNSELOR ON or Comments	LY	Dotto		
Counselo	or's Signature		Date		
FOR BRCI	N OFFICE USE ONLY Reviewed:_	Date:	SCH: (if applicable) FA	SP	