



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

☐ Native Hawaiian or Pacific Islander ☐ White, Non-Hispanic ☐ Prefer not to respond

Are you Hispanic or Latino? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Non-Binary/Other

How did you hear about Blessing-Rieman College? _____

Signature

Date

www.brcn.edu