



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)

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
☐ 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

For Office Use Only:

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