



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
 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