



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](http://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

<https://www.brcn.edu/billpay#no-back>

High School Name \_\_\_\_\_/Grad Date \_\_\_\_\_

(Please PRINT and fill out COMPLETELY - Return form to BRCN Admissions Office - admissions@brcn.edu).

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

School Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender at Birth:  Male  Female  
(Social Security Number is required for tax reporting purposes for educational expenses)

## Fall

Select Course with "X"	Course Prefix	Course NO.	Course Type	Course	Credit Hours
	HSE	280	Online	Medical Terminology (8-wk session)	2
	HSE	234	Online	Communication for the Healthcare Professional (8-wk session)	2
	HSE	463	Online	Introduction to Interprofessional Healthcare (8-wk session)	2
	NSG	201 B	Online	Fundamentals of Nutrition (15-wk session)	2
	NSG	282	Online	Introduction to Forensics in Nursing (8-wk session)	2

## Spring

Select Course with "X"	Course Prefix	Course NO.	Course Type	Course	Credit Hours
	HSE	280	Online	Medical Terminology (8-wk session)	2
	HSE	234	Online	Communication for the Healthcare Professional (8-wk session)	2
	NSG	201 B	Online	Fundamentals of Nutrition (15-wk session)	2
	NSG	282	Online	Introduction to Forensics in Nursing (8-wk-session)	2

Have you ever attended Blessing-Rieman College of Nursing & Health Sciences (including dual enrollment courses?)

Yes  NO

Please identify your racial/ethnic group. (select all that apply)

- Asian  American Indian or Alaskan Native  Black or African American  Hispanic or Latino
- White  Native Hawaiian or Pacific Islander  Choose not to respond/unknown

**Are you Hispanic or Latino? (Or are you of Spanish origin?)**

Yes, I am Hispanic or Latino  No, I am not Hispanic or Latino

**Are you in the United States on a Visa?**

- No, I am a citizen of the United States
- No, I am not a citizen of the United States, but am a legal resident alien or refugee. Resident # \_\_\_\_\_
- Yes, I am in the United States on a Visa Home Country of Origin: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Blessing-Rieman College of Nursing & Health Sciences prohibits sex discrimination in any education program or activity that it operates. Individuals may report concerns or questions to the Title IX Coordinator. The notice of nondiscrimination is located at <https://www.brcn.edu/about-us/institutional-disclosures-consumer-information>.

**FERPA, the Family Educational Rights and Privacy Act of 1974, protects the privacy of student educational records—**To authorize, the student understands the information presented on this form and gives permission to the high school and Blessing-Rieman College of Nursing & Health Sciences to share, collaboratively, information related to his/her dual enrollment pro-gram participation, as well as with his/her parent/guardian while enrolled in the concurrent enrollment course(s).

Granted access to parent/guardian listed below:

Student's Signature	Date
Parent/Guardian Signature	Date
Parent/Guardian Signature (optional)	Date
Parent/Guardian Name (print)	Date
Parent/Guardian Name (print) (optional)	Date
Parent/Guardian Email Address	Parent/Guardian Phone #

**FOR HIGH SCHOOL COUNSELOR ONLY**  
**Counselor Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

FOR BRCN OFFICE USE ONLY	Reviewed: _____ Date: _____	SCH: (if applicable) _____	<input type="checkbox"/> FA <input type="checkbox"/> SP
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