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 20____ Summer 20____ Fall 20____

Full Legal Name:_____
First Middle Last Maiden

Preferred Name: _____

Social Security Number (optional) :_____**Date of Birth**:_____
(SSN used for Financial Aid processing)

Permanent Address:_____

_____
City State Zip Code

Cell Phone:( )_____ **Personal Email Address**:_____

Current RN License Number and State:_____

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
☐ Hispanic or Latino ☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Prefer not to respond

Gender (at birth):☐Male ☐Female **Gender Identity**: ☐Male ☐Female ☐Non-Binary/Other

How did you hear about Blessing-Rieman College? _____

_____

List all colleges/universities attended:

_____

_____

_____

_____ _____
Signature Date