Application for Undergraduate Admission

Program Applying to: ☐ Radiologic Science ☐ RRT-BSRT (For Curre	Respiratory Ca		□ Medical Laboratory Science □ Nursing Current RN's Only)	
Planned entrance date	: Spring 20_	□ Summer 2	0	
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? Ve	es 🗆 No		
I am a US citizen: □ YE	S 🗆 NO If no,	country of citizensl	nip	
What is your primary la	inguage?			
Ethnicity (Optional): Pleas	e check all that	apply		
☐ American Indian or	Alaskan Native	□ Asian □ Blac	ck or African American	
□ Hispanic or Latino	□ Middle Easte	ern or North Africa	n 🗆 Native Hawaiian or Pacific Islander	
□ White □ Prefer no	ot to respond			
Gender (at birth): 🗆 N	⁄lale □ Female	e Gender Identity:	□ Male □ Female □ Non-Binary/Other	
How did you hear abou	it Blessing-Riem	an College?		
Signature			Date	
	rt concerns or questi	ons to the Title IX Coordi	ation in any education program or activity that it nator. The notice of nondiscrimination is located at tion.	
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