



# BLESSING-RIEMAN COLLEGE OF NURSING & HEALTH SCIENCES

## Application for Admission

Complement to the Quincy University Application for Undergraduate Admission

Planned entrance date:  Spring  Fall 20\_\_\_\_\_  Full Time  Part Time

Full Legal Name: \_\_\_\_\_  
Last First Middle

Social Security Number (optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code County

Mailing Address (if different): \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Please check if applicable.

I am currently an LPN:

I am applying as a transfer student:

I am a U.S. citizen:  Yes  No If no, country of citizenship: \_\_\_\_\_

List the languages you speak: \_\_\_\_\_

Which language do you speak most fluently? \_\_\_\_\_

Have you taken the TOEFL?  Yes  No If yes, list your score: \_\_\_\_\_

How did you learn about Blessing-Rieman College of Nursing? (Check all that apply.)

- |   |  |   |                                    |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Guidance Counselor                 | <input type="checkbox"/> Friend/Relative       | <input type="checkbox"/> Mail from BRCN | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Internet Search                    | <input type="checkbox"/> allnursingschools.com | <input type="checkbox"/> Peterson's     | <input type="checkbox"/> Radio/TV  |
| <input type="checkbox"/> Counselor visited your high school | <input type="checkbox"/> College/Career Fair   |   |                                    |

Other information and documents submitted to Quincy University as part of the application process are also considered part of your Blessing-Rieman application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date