



Early Decision Acceptance to Bachelor of Science in Nursing (For High School Students and College Freshmen Only)

Admission I understand the nursing coursework for the BSN option begins each August. I am currently enrolled at a high school or college/university and am requesting admission into the semester indicated below:

I would like to	begin nursing coursework in Au	ugust(indica	te year).			
I intend to enro	oll at	(indica	te desired college/u	university).		
Name	Last	First		MI	Preferred First	Name
	Additional Last Name(s) which may appear on transcripts] Male [] Fer	nale
Address	(Permanent) Street		City		State	Zip
	(Mailing) Street		City		State	Zip
	E-Mail Address		Age	Date of Bi	irth	
Telephone	()Preferred	() In case of emer	gency			
Status	[] Permanent Resident of USA [] Not a Permanent Resident Country of Citizenship					
	Have you ever been dismissed from any school for disciplinary reasons? [] Yes [] No Have you ever been convicted of, or pleaded guilty to, a felony? [] Yes [] No If you answered yes to either question, please attach an explanation. RETURN APPLICATION TO ADMISSIONS VIA: Mail: Research College of Nursing, 2525 East Meyer Blvd, Kansas City, MO 64132 Fax: (816) 995-2813 or Email: RCoN.Info@ResearchCollege.edu					

I certify that the information on this application is true to the best of my knowledge. I understand that refusal of admission or cancellation of registration will result from misrepresentation in any portion of this application form. I understand that my early decision is based on my current academic record and additional requirements must be meet to retain my admission to Research College of Nursing, including: completion of all required pre-requisites as well as a 3.0 cumulative GPA at the end of my 2nd semester sophomore year or a 2.8 with a B- or better in Anatomy & Physiology. Failure to meet these requirements will result in my admission to Research College of Nursing being cancelled or deferred to the following year.

SIGNATURE_