

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:

ame						
	Last	First		MI Pre	eferred Firs	t Name
	Additional Last Name(s) which may appear on transcripts					
	escribe your gender identity nale[]Male[]Genderqueer			nder [] Gender not	tlisted:	
	pronoun(s) do you use? Marl e, her, hers [] He, him, his [		[]Ze, hir []P	ronouns not listed	:	
dress						
	(Permanent) Street		City		State	Zip
	(Mailing)Street		City		State	Zip
	E-Mail Address		Age	Date of Birth		
lephone	() Preferred	() In case of	emergency			

## **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 admissi on 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 2<sup>nd</sup> 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