

COLORADO MESA UNIVERSITY
Department of Health Sciences
Application for Bachelor of Science in Nursing (BSN)

Please Note: This application MUST be submitted via *.pdf* format (**ONLY**) to: healthscience@coloradomesa.edu by the deadline.
Please use the subject line: "BSN Application"

1. Full legal name _____

Last
First
M.I.
Maiden Name
2. CMU ID # (assigned upon acceptance to Colorado Mesa University) 700 **(DO NOT leave blank-contact CMU Admissions for your 700#)**
3. Mailing address:

Street Address
Apt #

City
State
Zip
4. Home phone number: N/A () Cell phone number: N/A ()
5. Email Address (*print clearly*): _____ @mavs.coloradomesa.edu (**you must have a CMU email address listed**)
6. Please check the appropriate box(s) indicating your **permanent residency** (*Where do you live if you are NOT attending school. You are not considered a Western Colorado Resident, unless that is where your permanent residence is located all year long. Must match what CMU identifies as your permanent mailing address*):
Out of State Resident? Yes No Colorado Resident? Yes No Western Colorado Resident? Yes No
7. Do you have previous work experience and/or certification in a health care field (i.e. CNA, LPN, Med Prep Program, Medical Transcription, Home Health Care, etc.)? Yes No If yes, explain (use extra sheet if necessary): _____
8. Have you applied to the BSN program before?
Yes No; If yes, list all semesters/years of application: _____
9. If you have applied to the BSN program before, have you been invited for an interview for the BSN program?
Yes No; If yes, list all semesters/years of interview(s): _____
10. Please list all classes you are currently enrolled, include the course number, course title, institution and semester of enrollment. If you are not currently enrolled in courses, please state "Not enrolled in courses":

Course Number (i.e. BIOL 241)	Course Title (i.e. Pathophysiology)	Institution (i.e. Colorado Mesa University)	Semester (i.e. Fall 2016)

11. Please indicate if you have a prior degree: A.A. A.S. A.A.S. B.A. B.S. Masters Other: _____

The admissions committee reserves the right to select the applicants who shall be admitted. Acceptance is contingent upon receipt of all required application materials by the Department of Health Sciences and the completion of all general education and prerequisite requirements. Maintaining acceptance in the BSN program is contingent upon passing a criminal background investigation.

This application and all supporting materials must be received by the Department of Health Sciences no later than the September 15/ February 15 deadline for admission consideration to the BSN Program.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to transcripts and transcript evaluations from the Office of the Registrar.

Signature: _____ Date: _____

Once you've filled out this document (typed), you will need to print it, sign it, scan it as a .pdf and email to:
healthscience@coloradomesa.edu