

**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](mailto: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 including Apt. # (if applicable)  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Email Address (print clearly): \_\_\_\_\_ @mavs.coloradomesa.edu (**you must have a CMU email address listed**)
5. Home phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone number: ( \_\_\_\_\_ ) \_\_\_\_\_
6. 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): \_\_\_\_\_
7. Have you applied to Colorado Mesa University for the BSN program before?  
Yes No; If yes, list all semesters/years of application: \_\_\_\_\_
8. If you have applied to CMU for 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): \_\_\_\_\_
9. 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
10. Please indicate if you have a prior degree: A.A. A.S. A.A.S. B.A. B.S. Masters Other: \_\_\_\_\_
11. Please complete the table below.

- List the course number (i.e. HIST 101) for general education course requirements, such as the History, Humanities, Fine Arts, Natural Science, KINA etc.
- Fill in your final grade for the courses completed. (Put "AP" if it was Advanced Placement course or "IB" if the course was accepted from the International Baccalaureate Program.)
  - If you are currently enrolled in the course, please put "IP" in the final grade column, indicating the course is In Progress this semester.
  - If you are retaking a course, please indicate your previous grade/IP (i.e. C/IP). Please note: for grade improvement, you must take the course at the same school where you are wanting to have the grade replaced. You may not replace a CMU grade by taking the course somewhere else and having it transferred into CMU, as the CMU grade will stand.
  - If you are currently enrolled in a course at another institution, please put the Course Number & Name (i.e. BIOL 241/Patho) and school's name in the notes section.
- Please indicate the semester you took the course (i.e. Fall 2018).
- Please indicate if the course was taken at CMU or transferred to CMU by placing an "X" in the correct corresponding column.
  - If a course was transferred, please put the Course Number & Name (i.e. BIOL 241/Patho) and school's name in the notes section.

<b>Required Courses</b>					
Courses highlighted in <b>RED</b> are pre-requisite or required foundation courses. All courses listed below must be completed by the end of the semester you are applying.					
Course Number (i.e. BIOL 241)	Final Grade	Semester (i.e. Fall 2018)	Taken @ CMU	Transfer to CMU	Notes
ENGL 111					Course #/Name: _____ School: _____
ENGL 112					Course #/Name: _____ School: _____
<b>MATH 113</b> or higher					Course #/Name: _____ School: _____
History: HIST _____					Course #/Name: _____ School: _____
Humanities:					Course #/Name: _____ School: _____
<b>PSYC 150</b>					Course #/Name: _____ School: _____
<b>PSYC 233</b>					Course #/Name: _____ School: _____
Fine Arts: _____					Course #/Name: _____ School: _____

Natural Science <b>BIOL 250 required</b> (must have waiver otherwise please indicate course used for waiver): _____					Course #/Name: _____ School: _____
Natural Science Lab <b>BIOL 250L required</b> (must have waiver otherwise please indicate course used for waiver): _____L					Course #/Name: _____ School: _____
Natural Science: _____ (no lab required, but if the course you took had a lab, indicate that below).					Course #/Name: _____ School: _____
Natural Science Lab: _____ (no lab required, but if the course you took had a lab, indicate that here—put NA in grade if there wasn't a lab).					Course #/Name: _____ School: _____
KINE 100					Course #/Name: _____ School: _____
KINA 1 _____					Course #/Name: _____ School: _____
ESSL 200 (if you have a waiver for ESSL indicate that in the notes) OR KINA 1 _____					Course #/Name: _____ School: _____
ESSL 290 (if you have a waiver for ESSL indicate that in the notes) OR Applied Studies: _____					Course #/Name: _____ School: _____
<b>BIOL 209</b>					Course #/Name: _____ School: _____
<b>BIOL 209L</b>					Course #/Name: _____ School: _____
<b>BIOL 210</b>					Course #/Name: _____ School: _____
<b>BIOL 210L</b>					Course #/Name: _____ School: _____
<b>BIOL 241</b>					Course #/Name: _____ School: _____
<b>STAT 200 OR STAT 215</b>					Course #/Name: _____ School: _____
<b>Elective:</b> (any 3 credit course or combination of 3 credits, not already listed above, choose your best grade)  (i.e. 1 credit from MATH 113 and 1 credit from BIOL 250L PLUS 1 credit elective course)					Course #/Name: _____ School: _____
<b>Extra Elective:</b> (if needed) _____					Course #/Name: _____ School: _____

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 and drug screen.

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 (by typing into each box), follow the process to electronically sign, **SAVE** the document on your computer, then attach it to your email and send to [healthscience@coloradomesa.edu](mailto:healthscience@coloradomesa.edu). If you are unable to electronically sign, please print it, sign it, scan it as a .pdf and email to: [healthscience@coloradomesa.edu](mailto:healthscience@coloradomesa.edu).