

COLORADO MESA UNIVERSITY
Department of Health Sciences
Application for AAS-RN Nursing Program

PLEASE NOTE: This application must be submitted via PDF format to: healthscience@coloradomesa.edu by **noon April 15, 2024** with subject line **AAS-RN Application**.

Full legal name:

CMU ID Number (700 number):

CMU e-mail (required): _____@mavs.coloradomesa.edu
(This is the e-mail that will be used to contact you for anything regarding your application.)

Mailing Address:

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Documentation must be submitted with your application if you have medical certifications or licenses (i.e. CNA, EMT, Paramedic, Medical Assistant).

If you have health care employment experience list your job title, job description, and dates.

Kaplan Nursing Entrance Exam--date taken or scheduled (test must be taken by application deadline):

If you have a previous degree list degree(s) and institution(s).

Have you completed the following Essential Learning and Prerequisite Courses?

Course	Class	Yes	No	In Progress /School	Completion Semester/School
ENGL 111	English Composition 1				
ENGL 112	English Composition 2				
BIOL 209	Human Anatomy and Physiology I				
BIOL 209 L	Human Anatomy and Physiology I Lab				
BIOL 210	Human Anatomy and Physiology II				
BIOL 210 L	Human Anatomy and Physiology II Lab				
BIOL 241	Pathophysiology				
ESSL	Natural Science, History, Fine Arts, Humanities, or Social or Behavioral Science				

KINE 100	Health and Wellness				
KINA 1XX	Activity Course				
MATH 110	College Mathematics or higher				
PSYC 233	Human Growth and Development				

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 email to the Department of Health Sciences and the completion of all essential learning and prerequisite requirements. Final acceptance in the AAS-RN program is contingent upon passing a background check and drug screen.

This application must be received by the Department of Health Sciences no later than **noon April 15, 2024** for admission consideration to the AAS-RN Program.

I certify that all the information on this application form is accurate and complete. Concealment of the facts or false statement 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 CMU Office of the Registrar.

Applicant Signature (electronic submission via CMU e-mail address indicates personal signature) Date