

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

Please Note: This application must be submitted via pdf format to: [rsharp@coloradomesa.edu](mailto:rsharp@coloradomesa.edu) by July 13.

Full legal name:

CMU ID 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:

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a current Colorado Mesa University Student?

If you have medical certifications or licenses (i.e. CNA, EMT, Paramedic) list them here and include documentation with your application.

If you have health care employment experience list details here.

If you have a previous degree list details here.

Have you completed the following Essential Learning and Prerequisite Courses?

Course	Class	Yes	No	In Progress	Completion Semester
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 L				
BIOL 210	Human Anatomy and Physiology II				
BIOL 210 L	Human Anatomy and Physiology II L				
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. Maintaining acceptance in the AAS Nursing 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 July 13 for admission consideration to the AAS Nursing 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 Office of the Registrar.

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