

**Bachelor of Science in Nursing  
BSN**

**Student Acceptance Agreement for the RN-BSN Nursing Program**

I plan to enroll in the **BSN Nursing Program** in the **Fall 2019 semester**. I understand that final acceptance into the program is contingent upon satisfactory completion of the prescribed courses listed below with a grade of “C” or better:

**Courses in which I am now enrolled:**

**Courses in which I plan to enroll for Summer 2019:**

*If you are not taking these courses you need to let us know otherwise you may be ineligible to start the Nursing program Fall 2019.*

*I understand there will be additional requirements for enrollment (e.g., insurance, CPR certification, clinical practice, stipulations, etc.).*

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*Print Name*

*Banner ID#*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**I do not plan to enroll in the BSN Nursing Program in the Fall 2019 semester.**

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*Print Name*

*Banner ID#*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_