



ARAPAHOE COMMUNITY COLLEGE

**Bachelor of Science in Nursing
Dual Admission Request & Certification Form**

If you are applying for the BSN program and do not yet hold an RN license but are currently enrolled in an Associate or Diploma program, this form will be required for submission with your application. After you complete the initial portion of the application, fully complete and sign this form (and save). Upload your completed and signed form in the Supplemental Items section of your application in the Licensure section of your ACC application. *If you need assistance, please contact the Admissions Office at 303-797-5637.*

APPLICANT INFORMATION:

Applicant Name:

Applicant Date of Birth:

REGISTERED NURSE PROGRAM INFORMATION:

I am currently enrolled in:

Contact information for the college / university listed above (if other than ACC):

Address:

Nursing Department Primary Contact:

Nursing Department Contact Email:

Nursing Department Phone Number:

My first term / semester of attendance in the Registered Nurse program at the college / university listed above was / will be:

I intend to graduate from the Registered Nurse program at the college / university listed above in:

The Registered Nurse program at the college / university listed above is a total of _____ credits in length (insert number of credits).

Electronic Signature and Certification of Applicant:

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal. I also understand that I am voluntarily providing the information on this application.

By entering my full legal name, I am creating an electronic signature as binding as my handwritten signature.

Student Name:

Date Signed:

STAFF USE ONLY:

Institution Accrediting Body:

Nursing Program Accrediting Body:

Date:

Confirmed by: