



School of Nursing and Health Studies

**BSN Pre-Licensure & Accelerated Program
Offer of Acceptance/Request to Change Major**

Please complete the following (print or type):

Student ID Number _____ Date of Birth _____

Name _____
Last First Middle

Permanent Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I accept admission to UMKC's BSN program for the Fall 2020 semester: YES NO

Request Program Change:

Program: BSN Pre-Licensure BSN Accelerated BSN Direct Admit

Term: Fall Spring Summer Year _____

Are you an international student? YES NO

Student Signature _____ Date _____

(UMKC SoNHS Official Use only)

BSN Committee: _____ Approved _____ Not Approved

BSN Program Director Signature: _____

Print Name: _____ Date: _____

Admit and Term Activate to Undergraduate Status:

Fall Spring Summer Year _____

SoNHS Student Services/Advisor Signature: _____

Print Name: _____ Date: _____

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