



NORTHERN MICHIGAN UNIVERSITY
SCHOOL OF NURSING

BSN ADMISSION ACCEPTANCE FORM
Fall 2024 Semester

Please sign and return this form by **Friday, March 15th at 5 p.m. via regular mail in the enclosed self-addressed, stamped envelope or in person to 2301 Weston Hall.**

Failure to return this form by the deadline may result in the loss of your placement.

Please check one acceptance option, sign, date, and return:

- I DO NOT ACCEPT** the reserved (provisional) admission placement for the BSN Program.

Name (please print)

Date

Signature

- I ACCEPT** the reserved (provisional) admission placement for the BSN Program and provide Authorization to Disclose Information for Clinical/Educational Placement as follows:

I authorize NMU School of Nursing to disclose my required person identification information and current Cardiopulmonary Resuscitation (CPR) Certification, Criminal Background Check, Drug Test Results, Nursing License (if applicable), and immunization records (including but not limited to: COVID-19, Tuberculin Skin Test; Hepatitis B; Measles, Mumps, and Rubella, Varicella Zoster, Tetanus, Diphtheria, and Pertussis (Tdap), and Influenza) for the purpose of my placement at third party clinical/educational site(s).

This authorization will remain in effect until terminated by me in writing and delivered to the School of Nursing office in 2301 Weston Hall. Unless revoked by me in writing, this authorization will expire upon completion of my BSN nursing degree program at NMU.

Name (please print)

Date

Signature