NSCC and BU Partners in Nursing
Bachelor of Science in Nursing (BSN) Program
Intent Form

Name: _____
Last First Middle

BUid _____

If you do not know your BUid, please list date of birth: _____
MM/DD/YYYY

Current Mailing Address _____

_____

_____

Email address: _____

Phone: Home_____ Work _____ Cell_____

Expected Year of Entry: Fall 20__