



	Semester Ap	pplying For:
Name:		
Home Address:		Apt. #:
City:	State:	Zip Code:
Phone Number:		
Email:		
Institute Received BSN Degree	:	
Instructions:		
Have official transcripts from a	all prior institutions attended sent	to the address below.
Mailing Address: Florida Atlantic University Christine E. Lynn College Attn: Gerardo Guzman 777 Glades Rd. NU 84 Boca Raton, FL 33431		
In addition, upload a copy of a transcripts, to	a current RN license, a current C'	V, philosophy statement, and unofficial
Online Submission		
Applicant Signature:		Date:

 $<sup>{}^*\!</sup>Application and Documents \ can also \ be \ emailed \ to \ gguzman 3@health.fau.edu$