Associate of Science in Health Professions
Application for Admission
ASSOCIATE OF SCIENCE IN HEALTH PROFESSIONS APPLICATION

Welcome to Bryan College of Health Sciences!
The admissions staff at BryanLGH College of Health Sciences is delighted to receive your application for admission, as we are interested in learning more about you. If you have questions as you complete your application for admission, please contact our office:

Address: Office of Admissions
5035 Everett Street
Lincoln, NE 68506
Phone: 402-481-8697
Fax: 402-481-8621

Admission to Bryan College of Health Sciences is based on demonstrated evidence of academic ability. Recognizing human equality and the right of all persons to equal opportunity, every applicant is considered regardless of race, religion, gender, age, creed, color, national or ethnic origin, marital status, veteran status, disability or sexual orientation.

Admission Requirements

Applications are reviewed based on the following materials:

- Cumulative High School GPA of a 2.75 on a 4.0 scale, from an accredited high school or GED.
- ACT or SAT recommended.
- Cumulative College GPA of 2.5 on a 4.0 scale, if you will transfer college credits to Bryan College of Health Sciences.
- Interview for qualified applicants on an invitation basis.
- Applicants for whom English is a learned language may be asked to take the TOEFL English proficiency exam and must score 550 paper based, 213 computer based or 70 internet based or better.
- International student should contact the Admissions Office for additional information and forms.

Application Instructions

To be considered for admission, the Admissions Office must receive the following items:

- Completed application form.
- Official High School Transcript and grading scale (sent directly from your high school or district office).
- ACT or SAT transcript if completed.
- Official College/University Transcript(s), if you have attended college/university, sent directly from the college/university. If requesting transfer of credit from institutions outside of Nebraska, course descriptions are required to be submitted for review.
- $50 non-refundable application fee.
- Acceptance into the Associate of Science program does not guarantee your acceptance into a Bachelor of Science program at Bryan College of Health Sciences.

Student Information

Legal Name:

Preferred Name: ____________________________________________________________

Birth Date: ______/_______  Gender:  Male   Female

Current Address: ____________________________________________________________  City: ___________________________  State: _______  Zip: ______________________

Current Telephone: (______) ___________________  Cell Phone: (______) ___________________  May we text you?   Yes   No

Permanent Address: _________________________________________________________  City: ___________________________  State: _______  Zip: ______________________

Permanent Telephone: (______) ____________________________  Work Phone: (______) ____________________________

E-mail Address: ______________________________________________________________________

Are you a U.S. citizen?   Yes   No  If no, are you a permanent resident:   Yes   No

Incomplete applications and application materials will be retained for one year after the date received.
**Education**

**HIGH SCHOOL:**
Please list the high school from which you graduated.

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<th>High School</th>
<th>City</th>
<th>State</th>
<th>Dates Attended (month/year)</th>
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**COLLEGE/UNIVERSITY:**
Please list all institutions attended. (If additional room is needed, please attach a separate sheet.) An official transcript must be sent directly from each institution.

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<th>College/University</th>
<th>City</th>
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<th>Dates Attended (month/year)</th>
<th>Major/Degree Completed</th>
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Are you eligible to return to all collegiate institutions previously attended? ☐ Yes ☐ No

If no, please attach a statement of explanation, signed and dated.

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**Criminal Background Check**

A criminal background check will be completed on all students upon matriculation to the College. Prior conviction of a felony or certain misdemeanors, other than minor traffic offenses, may make a student ineligible to participate in various clinical experiences and may make it impossible for a student to complete the program of study. Prior conviction of a felony or certain misdemeanors may make the individual ineligible for professional licensure, certification or registration.

If a student is convicted of a felony or misdemeanor, other than minor traffic offenses, while enrolled in the College, it is the student’s responsibility to inform the Dean of Students immediately.

Any false statements made by the applicant at any time throughout the application process, or refusal to submit to a criminal background check, will disqualify the applicant.

Have you ever been convicted of a felony or misdemeanor other than traffic violations? ☐ Yes ☐ No

If yes, please attach a statement of explanation, signed and dated.

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**Certification**

I do hereby certify that to the best of my knowledge the information furnished in 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.

Applicant’s Signature: ___________________________________________ Date: __________________

I ______________________________ understand that by enrolling in the Associate of Science program does not guarantee acceptance into a Bachelor program of choice at Bryan College of Health Sciences.

Applicant’s Signature: ___________________________________________ Date: __________________

**Return this form and your $50 non-refundable application fee to:**

Bryan College of Health Sciences  
Admissions Office  
5035 Everett Street  
Lincoln, NE 68506-1398

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