

Granite State College & **MaineHealth**

RN-BSN Enrollment Form

This form is required prior to the start of the first term of enrollment, and prior to start of every Summer Term thereafter. The availability of this contracted tuition rate is subject to the terms outlined in the agreement. Criteria eligibility: employment at a MaineHealth facility as a registered nurse.

Submit your completed form to the Student Accounts Office at Granite State College:

Mail: GSC Student Accounts Office, 25 Hall Street, Concord, NH 03301
Email: student.accounts@granite.edu
Fax: 603-513-1386

EMPLOYEE / STUDENT INFORMATION

First Name	Last Name
Address	
Phone	Email
Degree Program	Student ID Number
MH Employee ID Number	MH Organization/Employer

ENROLLMENT INFORMATION

New Students: When will you start your program?

Summer Term Fall Term Winter Term Spring Term

Returning Students: *Please verify that you are a continuing RN to BSN studies, for the Summer Term as of:*
Date

MAINE HEALTH EMPLOYER APPROVAL

To be completed by the MH Employer HR Representative. (MMC only - have document signed by Center for Clinical & Professional Development).

Name	Job Title
Signature	Date

Your signature verifies that you have read the following statements and will abide the terms listed below:

- Applied and been accepted in the RN to BSN Program at Granite State College.
- Completed a Granite State College and MaineHealth RN to BSN enrollment form for the first term of enrollment, and prior to each Summer Term enrollment thereafter.
- Make continuous progress within the program.
- Maintain a satisfactory GPA (2.0 or better in each required course and maintain RN licensure in the state where you practice).
- Payment of tuition and fees for each course will be deferred until 30 days from the day grades are posted. 2018-19 Tuition due dates: Summer: 10/17/18, Fall: 1/16/19, Winter: 5/1/19, Spring: 7/31/19
- Maine Medical Center Employees: I understand that I must contact the Center for Clinical & Professional Development prior to registration for NUR 650 / 655 for preceptor assignment and approval.

Employee Signature	Date
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FOR INTERNAL USE ONLY

Date Received:

Original to: GSC Student Accounts Office, 25 Hall Street, Concord, NH 03301

5/9/2018