



RN-to-BSN Completion Program
Verification of Enrollment in an ADN Nursing Program

By signing below, I affirm that I am a current student in good standing in a regionally accredited college's ADN program. If at any time I am no longer enrolled in the ADN program, I will notify Front Range Community College's RN-to-BSN Completion Program Director and may be asked to exit the RN-to-BSN Completion Program.

Upon signing, I will upload this affidavit to the application/supplemental items for the Bachelor of Science Nursing program for Front Range Community College.

School Name _____

Which Semester are you Currently Enrolled in? _____

Student Name (Print) _____

Student Signature _____

Date _____

If you're a non FRCC student, have your ADN Program Director sign below.

Program Director (print): _____

Program Director (signature): _____

Date _____