



Baccalaureate Continuation Form

Students requesting continued enrollment in baccalaureate programs at Trinity College of Nursing & Health Sciences must complete the Intent to Continue form in lieu of the College application and meet admission criteria specific to the program of study. This form must be completed by Trinity students who intend to enter a baccalaureate program immediately following graduation (summer or fall semesters). The application fee is waived.

Print Nan	ne:			
Current A	Address:			
Phone: _	E-mail:			
Student S	Signature:		 Date:	
REQUE	EST CONDINTIONAL ACCEPTANCE INTO THE	E :		
	Bachelor of Science in Health Sciences (BSHS)			
ANTIC	IPATED TERM OF ENROLLMENT:			
	Summer Semester	(year)		
	Fall Semester	(year)		
SUBM	IT COMPLETED FORM TO:			
	Student Services Office by February 1			
•	$Email\ to\ QC_Student Services @trinity college qc.edu$			
•	Walk-In to Student Services Office			
•	Fax: 309.779.7748			
Students	receive notification by letter of the admission decision.			
To discus	s admission requirements please contact Admission Represent	tative:		
•	Sara Frimml			

Sara.Frimml@trinitycollegeqc.edu

309.779.7812