

## R.N. to B.S. in Nursing Letter of Intent to Enroll

Be it known that I,Onondaga Community College, upon complet Keuka College. I will pursue my Bachelor's deg stated in the Keuka College and Onondaga Coindicate my intent to enroll in the Keuka College PRINT BELOW.)	ion of my Associate's Degree, wi gree requirements, contingent or ommunity College dual admissio	sh to continue my educa n satisfying the terms a n agreement. By signing	ation at nd conditions	
Name	Date of Bir	th		
Address	City	State	ZIP	
Phone	Email Address	mail Address		
NUR.AAS Current OCC program of study	Spring of 2 Preferred T	20 Fall of 2 Ferm of Academic Entry	Fall of 20 Academic Entry	
How did you hear about our Keuka College ad	ult education programs?			
Student Signature		Date		

Please send this completed form to: adlearn@keuka.edu or mail to: Office of Admissions, CPS
Keuka College,
141 Central Ave.,
Keuka Park, NY 14478