



**Saint Francis Medical Center College of Nursing  
511 NE Greenleaf  
Peoria, Illinois 61603  
Student At Large Admission/Registration Application**

**DISCLAIMER STATEMENT FOR STUDENT-AT-LARGE**

*I certify that I have a baccalaureate degree from a college or university that is accredited by the appropriate regional accrediting association. I understand that my enrollment in this course does not constitute admission to a degree program at Saint Francis Medical Center College of Nursing. I further recognize that there is no guarantee that credits earned from my enrollment will be applicable to a degree at Saint Francis Medical Center College of Nursing. All courses taken as a Student-at-Large will be computed into the grade-point average with the exception of the graduate pre-requisites courses.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_