



**College of Health Professions  
Nursing Program Acceptance Contract  
Grand Rapids-Lettinga Campus**

**Instructions: Fill out this form completely, including your signature. Save your completed acceptance contract and email as a pdf attachment to [Central.Registrar@Davenport.edu](mailto:Central.Registrar@Davenport.edu)**

*Note: A photo of your signed contract will not be accepted*

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I am pleased to accept a seat in the Nursing Program at Davenport University. I fully intend to begin classes in the fall of 2016 in the Pre-Licensure Bachelor of Science in Nursing (BSN) Program at the Grand Rapids-Lettinga Campus. I understand that failure to sign and return this acceptance contract by **March 7, 2016** will result in forfeiture of my seat in the Nursing Program.

Student Signature: \_\_\_\_\_

*\* An electronic signature is acceptable if we receive your contract from your DU student email address.*

By **March 7, 2016**, you must:

- 1) Pay your \$150 non-refundable deposit using the instructions in your acceptance letter and
- 2) Return your signed acceptance contract

Any additional correspondence can be mailed to:

**Davenport University  
Registrar's Office / Nursing Applications  
6191 Kraft Ave SE  
Grand Rapids, MI 49512-9396**

***\* We have far more applicants than seats available. If you are unable to accept your seat in the nursing program at Davenport University in the fall of 2016, please reply to your acceptance email that you are declining your seat. Be sure to include your full name and student ID.***

Please contact your advisor or the Registrar's Office [central.registrar@davenport.edu](mailto:central.registrar@davenport.edu) with any questions.