**Middle Georgia State University**

**School of Health & Natural Sciences**

**Elite Early Assurance Program Agreement**

As a participant in the Elite Early Assurance program at Middle Georgia State University, you agree to the following:

* You are a declared B.S. Health Science major with a concentration in Nursing.
* You will take courses only at Middle Georgia State University (exclude transient coursework).
* You commit to maintaining a GPA of 3.0 or higher in all coursework.
* You commit to notifying Ms. Angela Brice and your Academic Advisor immediately should any of the above conditions no longer apply to your status as a MGA student. Please send an email to SchoolHealthandNatSciences@mga.edu.

As a participant in the Early Assurance program, you understand:

* You will be given preferred reserved seating in your required science courses.
* You will be given preferred *consideration* for program admission into the Associate of Science in Nursing (ASN) *or* the Bachelor of Science in Nursing (BSN) program based upon your selected choice.
* Participation in the Elite Early Assurance program is not a guarantee of individual departmental program admission due to additional admission criteria which must be met successfully.

If you agree to the criteria above, please print your name below, sign, and date:

**Name (Printed)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student MGA ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student MGA E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Academic Advisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_