TECHNICAL STANDARDS FOR ADMISSION VERIFICATION FORM
Basic BSN Program

_____ I verify that, to my knowledge, I can meet the technical standards without accommodations.

OR

_____ Please review my particular situation relative to difficulty in meeting the following expectation:

_____ 1. Observation/Sensory-motor

_____ 2. Communication

_____   a. Written communication

_____   b. Verbal and nonverbal communication

_____   c. Computer usage

_____ 3. Psychomotor

_____ 4. Intellectual-Conceptual, Integrative, and Quantitative

_____ 5. Behavioral and Social Attributes

Documentation that substantiates the disability should be submitted to University Disability Support Services (UDSS).

SIGNATURE________________________________________________________ DATE____________________

PRINTED NAME____________________________________________________

Email your completed and signed form as identified within admission notification and Basic BSN Policies & Requirements: Informational Packet.