TECHNICAL STANDARDS FOR ADMISSION VERIFICATION FORM

Basic BSN
Bachelor of Science in Nursing Program Option

_____ I verify that I can meet the technical standards without accommodations.

OR

_____ Please review my request for accommodation to meet the following technical standard(s):

  ______ 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 Disability Support Services (DSS).

SIGNATURE ___________________________________________ DATE _________________

PRINTED NAME ___________________________________________