TECHNICAL STANDARDS FOR ADMISSION VERIFICATION FORM
BSN Completion

_____ 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 University Disability Support Services (UDSS).

SIGNATURE________________________________________________________________________ DATE________________________

PRINTED NAME________________________________________________________________________

Email your completed and signed form to:
ReNEW@uwyo.edu or RN.BSN@uwyo.edu