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 ___________________________________________