



**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 \_\_\_\_\_