TECHNICAL STANDARDS FOR ADMISSION VERIFICATION FORM

BSN Completion
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  ___________________________________________