



## TEAS Remediation/Retest Approval Request

Student, please complete the following:

Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

I received less than 70% on the TEAS test.

I received greater than 70% on the TEAS test and wish to improve my score and retest only one passing test score will be accepted each year.

Briefly describe your remediation in each of the following areas and number of hours completed.

Math remediation activities: Hours Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reading remediation activities: Hours Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Writing remediation activities: Hours Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Science remediation activities: Hours Completed: \_\_\_\_\_

\_\_\_\_\_

I acknowledge that the plan as presented was completed. The re-testing will occur at YCCD only.

This re-test approval request is less than one year from the first/earliest TEAS test date (attach scores).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

-----**FOR NURSING OFFICE USE ONLY BELOW THIS LINE**-----

Date Received by Office: \_\_\_\_\_

Reviewed by Director of Nursing, Allied Health: Approved \_\_\_\_ Denied \_\_\_\_\_

Reason if Denied: \_\_\_\_\_

Director of Nursing, Allied Health Signature: \_\_\_\_\_ Date: \_\_\_\_\_