TEAS Remediation/Retest Approval Request

Student, please complete the following:

Print Name_____Phone Number_____Email_____

Select one of the following:

☐ 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 Signature: _____ Date: _____