WCC TEAS REGISTRATION FORM

A non-refundable testing fee ($135.00) money order is required.

Made payable to WCC FSA F.U.F. Account #3

Please Print Clearly in Ink

Name: _____

Address:_____

Date of Birth: _____ **Telephone Number: Home** (____) _____-_____

Cell (_____) _____- _____) **WCC Student ID: Mandatory** _____

WCC Student Email Address: _____

Check one: New Student to WCC _____ **Continuing Student at WCC**_____

If applicable list another name under which your educational records may appear:

_____

Previously attended the WCC nursing program circle if applicable: YES NO

Years attended at WCC nursing program_____ Documented testing accommodations? _____

The TEAS Exam will be administered on the following dates for **SPRING 2025** ADMISSION ONLY:

Please indicate 3 choices (#1, #2, #3) Limited seating is available at each test, choices not guaranteed.

Saturday October 12, 2024, at 8:30A.M. _____ October 12, 2024, at 11:30 A.M. _____

Monday October 14, 2024, at 8:30 A.M. _____

Wednesday October 16, 2024, at 11:30 A.M. _____ October 16, 2024, at 4:00 P.M._____

Thursday October 17, 2024, at 4:00 P.M._____

Saturday October 19, 2024, at 8:30 A.M._____ October 19, 2024, at 11:30 A. M._____

Please note once your complete application is reviewed and approved you will receive an email from TEASapp@sunywcc.edu with a test date . Once your test date is confirmed, we will not be able to consider changes except due to Emergency circumstances.

****Students who violate WCC's testing policies and procedures will automatically void their TEAS exam without reimbursement. As a result, these students are subject to the Nursing Department's review and right of refusal for any future WCC TEAS testing opportunities.**

Student Signature and Date _____