

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

Applicant Signature

Name:					
Date of Birth: Telephone Number: Home ()					
Cell ()) WCC Student ID: Mandatory					
WCC Student Email Address:					
Check one: New Student to Wo	CC Continu	ing Student at WCC			
If applicable list another name u	under which your educa	tional records may appear:			
Previously attended the WCC nu	ursing program circle if a	applicable: YES NO			
Years attended at WCC nursing	program	Documented Accessibilities			
The TEAS Exam will be administ	ered on the following d	ates for FALL 2025 ADMISSION ONLY:			
Please indicate 3 choices (#1, #2	2, #3) Limited seating is	available at each test, choices not guaranteed.			
Saturday March 15, 2025, at 8:	30A.M	March 15, 2025, at 11:30 A.M.			
Monday March 17, 2025, at 8:	30 A.M				
Wednesday March 19, 2025, at	11:30 A.M	March 19, 2005, 4:30 P.M			
Thursday March 20, 2025, at 4:0	00 P.M				
Saturday March 22, 2025, at 8:3	80 A.M	March 22, 2025, at 11:30 A. M			
TEASapp@sunywcc.edu with a t	est date. Once your te	d and approved you will receive an email from st date is confirmed, we will not be able to consider ications review begins after 02/16/25.			
	O	will automatically void their TEAS exam without Nursing Department's review and right of refusal for any futu			

Date