



## *Admission Test Application*

Name:		Phone (H):
Address:		Phone (Cell):
City:	State:	Zip:
Date of Application:	Date of Test:	Email:
You must be Admitted to Brenau University and have Submitted a Nursing Application. Please Confirm that these have been done.	Yes	No
Have you applied for the ABSN start program?	ABSN Start Month/Year	

Application fee is \$85.00, and is **NONREFUNDABLE**. You may reschedule your test date one time only before the deadline and for scheduled dates only. All questions on this application must be answered.

**Upon receipt of your application and payment, an email confirmation will be sent to you.**

**Arrival time is 12:30 PM the day of testing. Please bring a picture ID and pen or pencil.**

You may mail or drop off the completed application and check or money order for \$85.00 made payable to the Brenau School of Nursing to the following address:

Brenau University School of Nursing  
 North Atlanta Campus  
 3139 Campus Drive, Suite 300  
 Norcross, GA 30071  
 Nancy Boyken  
 Tel: 770-534-7346  
 Email: [nboyken@brenau.edu](mailto:nboyken@brenau.edu)