

TEST OF ESSENTIAL ACADEMIC SKILLS (TEAS) TESTING

Mercy School of Nursing (MSON) now requires all applicants to complete an entrance exam as part of the admissions process.

The entrance exam will provide the school with an assessment of your abilities in reading, math, science, English and language usage. Assessment Technologies Institute (ATI) calls it the Test of Essential Academic Skills or TEAS. For more information about the TEAS, visit the ATI website at www.atitesting.com/global/students or call 1-800-667-7531. A study guide can be purchased directly from ATI. If you have previously taken the TEAS, you may contact ATI to have your scores forwarded to MSON. If you do not live near the Charlotte area, you may contact ATI for a list of testing sites in your vicinity.

MSON will be offering the TEAS for prospective students for a \$30 fee. The following page lists the dates available for testing and a request form. Your test date will be confirmed by mail after we receive the request form and fee. Applicants who must cancel the confirmed appointment for testing should notify the school 24 hours in advance.

MERCY SCHOOL OF NURSING

TEAS RESERVATION FORM

Tests will be given on Friday 1:00 – 5:00 p.m. or on Saturday 9:00 a.m. – 1:00 p.m. The test will start promptly at the given time. Late comers may be denied admission. Confirmation of your test date will be mailed to you.

Friday dates: 2009 – June 26, July 24, September 18, October 23, November 20
2010 – January 22, February 26, March 19, April, 23, May 21, June 18,
July 23, September 17, October 22, November 12, December 10

Saturday dates: 2009 – June 13, July 11, September 12, October 10, November 14
2010 – January 9, February 13, March 13, April 3, June 12, July 10,
September 11, October 9, November 6, December 4

Please return the following registration request form promptly:

Name: _____

Address: _____

Phone No.: _____

Please give three test dates in order of preference. A confirmation will be mailed to you.

#1 _____ #2 _____ #3 _____

_____ I have enclosed a personal check or money order for the amount of \$30 made payable to Mercy School of Nursing.

_____ I wish to pay by credit card for the amount of \$30. My information is as follows:

Card Number _____ Exp. Date ____/____

Card Type (please circle) VISA MasterCard Discover American Express

Card Holder's Name (please print) _____

Card Holder's Signature _____

Please mail the completed form to: Mercy School of Nursing
701 B Forest Point Circle
Charlotte, NC 28273

This form may also be faxed to Pam Hatley's attention at 704-512-2050.

