Nursing Application Audit Request Form

I. **Eligibility:** Students must be admitted to Columbia College and have officially declared for the Associate of Science in Nursing degree. All requests should be submitted no later than two weeks prior to the application deadline.

   a. **Main Campus Students (Columbia MO):** The completed Nursing Application Audit Request Form should be submitted to the Director of Advising (St. Clair 116).

   b. **Evening Campus Students (Columbia MO):** The completed Nursing Application Audit Request Form should be submitted to your assigned Evening Campus Academic Advisor.

   c. **Adult Higher Education Students (Transferring from AHE to Columbia MO):** The completed Nursing Application Audit Request Form should be submitted to your campus Academic Advisor.

II. **Review of Request:** All Nursing Application Audit Request Forms will be reviewed by a member of the Office of the Registrar’s Evaluations Team to determine completion status of prerequisite requirements for the Nursing application process. Once the review has been finalized, e-mail notification will be sent to the Nursing Department and the student, indicating the status of prerequisite completion.

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Student ID: ____________________ Student E-mail: ____________________

Last Name: ____________________ First Name: ____________________ M.I. ________

Home Phone: (_____) ____________________ Work Phone: (_____) ____________________

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How will NURS-209 be fulfilled?

☐ LPN Status ☐ CC enrollment in the following term ☐ Test-out *(if test-out is not passed, the student may lose eligibility status)*

**Columbia College planned coursework (course title & number; term(s) of enrollment):**

__________________________________________________

__________________________________________________

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**Transfer credit not previously submitted (institution(s) attended; course title & number; term(s) of enrollment):**

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__________________________________________________

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Student Signature: __________________________________________ Date: __________

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**Office of the Registrar use only**

☐ Prerequisites cleared

☐ Prerequisites cleared upon completion of:

☐ Prerequisites not cleared

Signature: __________________________________________ Date: __________