



Prairie View A&M University
College of Nursing - Pre-Nursing Department
PO Box 519, MS 2725
Prairie View, TX 77446
(936) 261-2922
(936) 261-1659 Fax

HESI A² RE-TEST REQUEST FORM

I, _____, have taken the HESI A² Exam on _____
and have been advised by my Pre-Nursing Academic Advisor regarding retesting procedures. I hereby
request permission to retake the following portion(s) of the HESI A² Exam on _____.

- | | |
|---|---|
| <input type="checkbox"/> READING (6, 9, 12) | <input type="checkbox"/> GRAMMAR (6, 9, 12) |
| <input type="checkbox"/> MATH (8, 14, 20) | <input type="checkbox"/> A&P (8, 14, 20) |

I fully understand that the College of Nursing requires a minimum 30-Day waiting period between HESI A² Exam testing in order for me to seek remediation in the area(s) I was previously unsuccessful in mastering. I understand that my choice to forego the waiting period may not give me adequate time to study for the section(s) I need to retake. I further understand that a second test failure will make me **ineligible** to continue as a Pre-Nursing major and **ineligible** to seek admissions into the PVAMU College of Nursing Generic BSN Program. If my re-test attempt is unsuccessful an Academic **HOLD** will be placed on my account, and I will be required to execute a **Change of Major Form** before it will be removed.

I am completely aware that I may only take the HESI A² Assessment Exam TWO (2) times total. I further understand that the Office of Pre-Nursing Advising will only accept scores from either the Prairie View A&M University Testing Center or from one of the four designated Prometric Testing Centers.

I realize that in order to obtain retest approval I must have confirmation of completing remediation in the deficient area(s) prior to the requested retest date. I understand that remediation is a tool to assist me in achieving the expected skill competency levels, but is not a guarantee of test success. I agree to complete the recommended remediation plan, through the PVAMU Academic Success Center. [Contact Mrs. Dionna Smith, Coleman Library Room 306, at dsmith@pvamu.edu or (936) 261-1040 to set up an appointment.]

Being fully advised of the possible adverse effects of my decision and against the recommendations of my Academic Advisor, I choose to retake the exam on the date indicated above. My signature below indicates I take full responsibility for my choice regarding this matter. I hereby release the College of Nursing, Pre-Nursing Department and its representatives of any and all liability associated with my academic choice.

Student Name (Printed)

Date

Student ID (Serves as your acknowledgement)

PVAMU E-Mail

COMPASS Program Representative

RETEST:

Date Remediation Complete/Hours

Advisor Signature

APPROVED

DENIED

Date

**YOU WILL BE CONTACTED BY EMAIL WITHIN 48 HOURS BUSINESS HOURS REGARDING YOU REQUEST. NO PHONE
CALL INQUIRIES WILL BE ACCEPTED. PNUR@PVAMU.EDU**