



ABS N PREREQUISITES PRE-EVALUATION FORM

Submit completed form and unofficial transcripts by fax (949) 214-3022 or by email to henny.halim@cu.edu

Instructions:

1. Prospective students should only use this form to have transcripts pre-evaluated prior to formal application as needed.
2. **Do not** use this form to complete ABSN application. **Students must use “ABS N Pre-requisites Plan Form” instead.**
3. Counselor will have the pre-evaluation results **emailed** to students within 7 – 10 business days of complete submission.
4. Pre-evaluation form will not be processed four (4) weeks prior to intended ABSN term deadline. Students must now work on completing the ABSN Application for the intended admission term.

STUDENT INFORMATION

Name: _____ Intended ABSN term: Summer 20_____ Fall 20_____

Phone: (____) _____ - _____ CUI ID: E# _____ (if applicable)

E-mail address (**REQUIRED**): _____

***** PRE-EVALUATION WILL NOT BE PROCESSED WITHOUT COMPLETE FORM AND/OR UNOFFICIAL TRANSCRIPTS! *****

_ABS N Required pre-requisites classes (units)	Class completed (Y/N)	Name of institution where pre-requisites was completed	Course number	Grade	Term Completed	Office use
						Approved/Denied
Chemistry (4)						
Anatomy (4)						
Physiology (4)						
Microbiology (4)						
Nutrition (3)						
Math-Statistics (3)						
Gen. Psychology (3)						
Psychology: Lifespan (3)						
Written English (3)						
Speech Communication (3)						
Sociology/ Anthropology (3)						

GO TO THE NEXT PAGE =====>

Please check one option below:

- I am planning to complete ABSN prerequisites classes at Concordia University – Irvine, **AND** will be applying for Financial Aid. Term of enrollment (approx.) _____
- I am planning to complete ABSN Pre-requisites classes at Concordia University - Irvine, **BUT WILL NOT** be applying for Financial Aid. (Skip to signature)
- I am **NOT** planning to complete ABSN Pre-requisites classes at CUI (Skip to signature)

*****CONCORDIA UNIVERSITY – IRVINE EQUIVALENT COURSES*****

ABSN Required pre-requisites classes needed	CUI Equivalent Course number	Course Title	Term of enrollment	Office use
				Note(s)

I acknowledge that my coursework is only evaluated and applied toward satisfaction of prerequisites for CUI- ABSN program.

I acknowledge that completion of these classes at CUI and/or outside of CUI does not guarantee an admission to the ABSN Program.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Notes: _____

Approved by: _____

Date: _____

Director/Asst. Director of Admission - ABSN