



ABSN PREREQUISITES PRE-EVALUATION FORM

Submit completed form and unofficial transcripts by email to absn@cui.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 "ABSN 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 submitted 5 (five) weeks prior to an admission deadline will be automatically be considered for next admission term. The processing time during that time period will be 4 - 6 business weeks.

STUDENT INFORMATION

Name: _____ Intended ABSN term: Spring 20 ____ 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! *****

ABSN 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)						

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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: _____

ABSN Admissions Counselor