



BELMONT
COLLEGE

Associate Degree of Nursing Program TEAS Exam

Please Print

Name: _____
Last Name First Name Middle Name

Belmont College Student ID: _____

Belmont College Email: _____

Contact Phone number: _____

Please submit this form with your \$90 testing fee to the Belmont College Business Office.

Student signature: _____ **Date:** _____

Business Office signature: _____