

# GRCC Assessment Center

## HESI EXAMINATION RECORD SHEET

Student Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last) (First) (MI)

Home Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (ZIP)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nursing Program Entering: \_\_\_\_\_

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### **NURSING STUDENTS MUST HAVE THE FOLLOWING TO TAKE THE HESI EXAM:**

- A record sheet with all their information
- Receipt payment of \$50 fee from the Cashier's Office
- A previously made appointment with the Assessment Center
- Valid e-mail address
- Valid photo identification