Practical Nursing Advising Signature Form

This form verifies that I, _____, met with a College of Technology Advisor to discuss the Practical Nursing application and program requirements on the following date(s).

I understand, in order to be considered for admission into the Practical Nursing program, I must submit this form along with my other application requirements by the February 1st deadline to the Eames Complex Student Services office (921 S. 8th Ave. Stop 8230, Pocatello, ID 83209).

Student Signature _____ Date _____

Date of Advising	Student Signature	CoT Advisor Signature