



Reminder date of Exam: _____

Milwaukee Area Technical College
School of Health Science Division

**Associate Degree Nursing Program
Practical Nursing Program**

National League for Nursing (NLN) Pre- Admission Exam

Payment Form
AR Code: NLNEX

Account#: 5-60-98101-4835-00543

Student Name: _____

Student COSMO ID Number: _____

(Check one): Pre-RN Admission Exam: _____ Pre-PN Admission Exam: _____

Fee: \$40.00

NLN Exam Registration Instructions:

- Before scheduling your appointment you must take this form to the **Cashier's Office** in the Student Service Building (**Room S123**) to make your payment for the exam.
- Bring this form to the School of Health Science Building located at 700 West Highland (Milwaukee Campus) room H116. The form should be stamped "**PAID**" by the Cashier's office.
- Appointments can be made during regular office hours **Monday – Thursday 8:00 a.m. – 5:00 p.m. and Friday 8:00 a.m. – 4:30 p.m. Hours vary during summer break.**
- **Verification of payment is required;** therefore appointments cannot be scheduled by phone or email.
- Form must be delivered in person to **H116. Mailed forms cannot be accepted.**
- **Exams are taken in room H126** located on the first floor of the Health Science Building from 1-4. You are allotted 3 hours to take the exam, please arrive 30 minutes prior to exam time.