



**Request to take NLN Nursing Entrance Exam**

email this completed form to: [documents@pinnsn.com](mailto:documents@pinnsn.com)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Attempt 1 \_\_\_\_\_ Attempt 2 \_\_\_\_\_ Attempt 3 \_\_\_\_\_

When did you last test? N/A (circle N/A if you never tested)

If you previously tested, please enter the dates below.

Date(s): \_\_\_\_\_

\_\_\_\_\_ I am requesting a Monday morning 11:00am appointment.

\_\_\_\_\_ I am requesting a Wednesday morning 11:00am appointment.

\_\_\_\_\_ I am requesting a Friday afternoon 12:00pm appointment.

(offered the third Friday of assigned month)

\_\_\_\_\_  
Student Signature

The cost of the exam is \$52.50 payable via online at [www.nlnintest.org](http://www.nlnintest.org). Please bring your driver's license or government issued ID to the exam. **No smart watches allowed.**

**\*\*Second attempt requires a minimum of 14-days since the first attempt. Third attempt requires a minimum of 90-days since the second attempt.**