



**TANNER HEALTH SYSTEM  
SCHOOL OF NURSING**

**HESI Student Acknowledgement of Testing and Remediation Guidelines**

I acknowledge both the receipt and understanding of the HESI Testing and Remediation Guidelines for the Prelicensure BSN Program.

I understand I will take all standardized HESI examinations as deemed necessary by the faculty Course Coordinator.

I understand that the standardized test scores may impact both my course grades and my progression in the nursing program.

If I do not earn the required benchmark scores on the standardized exams, I understand that I will be required to create and complete a Remediation Contract with my course faculty advisor.

Student Name (Print): \_\_\_\_\_

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

Student ID # 917 \_\_\_\_\_

Faculty Name (Print): \_\_\_\_\_

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