

# 2020 Nursing Online Confirmation Form

Forsyth Tech Online Information Session Confirmation Form for  
Nursing Applicants **ONLY**.

**I have reviewed this session and fully understand what is required of me prior to the deadline.**

**Name (please print)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Student ID or SSN#** \_\_\_\_\_

**Program of Study**     \_\_\_ Associate Degree Nursing

(May only select 1)     \_\_\_ LPN to RN Transition

\_\_\_ Practical Nursing- Traditional Day

\_\_\_ Practical Nursing- Stokes County E&W

**Return to:**

Email: [admissions@forsythtech.edu](mailto:admissions@forsythtech.edu)