By signing this form, I verify I attended the virtual nursing information session on

Date: _________________  Time: ____________________

Nursing information session code: _________________________
(this code will be given during the information session, it is NOT the Zoom meeting ID)

Phone: ________________________________

Email: ________________________________

Name: ________________________________
     Printed

Name: ________________________________
     Signature

CLC Student ID number: ________________________________

**Please email the completed form to:

nuroffice@clcillinois.edu

This completed form documents your participation in the virtual information session that is part of the screening requirements for the nursing program. You will receive a code at the end of the information session to use for the completion of this form.