HESI A2 Pre-Entrance Exam

Test Ticket

1. You must register with Evolve & obtain a username & password before you take your HESI A2 entrance exam. To do this, go to: https://evolve.elsevier.com.

2. Make payment of $35.00 at the Business Office located on the first floor of Building E.
   - The Business Office will sign the ticket after it has been **PAID** for.

3. Take this signed & **PAID** Testing Ticket to the Testing Center located on the second floor of Building C, room 208.
   - You will need a **photo ID** & this signed & **PAID** Testing Ticket.
   - Calculators & blank scratch paper will be supplied by the Testing Center.
   - The Test must be taken at the campus where the testing fee is paid.

4. **The time limit to take the test is five and a half (5.5) hours.**
   - The Testing Center will **NOT** extend their hours if you are still testing at the time they are scheduled to close.
   - HESI A2 tests will **NOT** be administered during blackout dates.
   - Please contact the Testing Center for blackout dates and their hours of operations: (936) 273-7377

5. The following **SIX (6)** sections must be completed in one sitting:
   - 1) Reading Comprehension. 2) Grammar. 3) Vocabulary / General Knowledge. 4) Math. 5) Anatomy & Physiology. 6) Critical Thinking.

6. Students can only take the test **ONCE** every 60 days based on the date of the first/prior exam. The most recent scores will be used for admissions purposes (as long as there is a minimum of 60 days between test dates). If re-tests are before 60 days, the scores will **NOT** be considered & the testing fee will **not** be refunded.
   - If re-testing, all **SIX (6)** sections must be taken.

6. LSCS campuses are not equipped to send official score reports to any school outside the LSC system. LSCS Testing Centers do **not** offer all sections of the HESI A2 exam.

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**Business Office Use Only:**

Student: ______________________________________

Student ID#: ____________________________________

$35.00 Paid:

Check____ Cash_______ Credit Card______

Budget Code: 10-0400-9-0400009001-5933

Date: ________________ Paid: ________________

Received From: ____________________________________

Receipt Number: ____________________________________

________________________________
Business Office Signature

**NO REFUNDS AVAILABLE**