AUTHORIZATION TO TEST
For
HESI Pre-Entrance English Language, Mathematics and
Anatomy and Physiology Test ($35)

LONE STAR COLLEGE - CyFair
ASSESSMENT CENTER
(281) 290-3220

PICTURE IDENTIFICATION IS REQUIRED

Students that register for the HESI exam at Lone Star
College Cy-Fair must make their payment at the Cy-Fair
location.

Students are not eligible to pay for the exam at one Lone
Star College and take the exam at another Lone Star
College.

HESI Exam Registration Information

Student must register in advance for the HESI Exam!!!

Visit the Assessment Center’s website to sign up for a testing
date.

lonestar.edu/testing-cyfair

Students are eligible to retest every 60 days based on the
testing date.

Please allow 3-5 business days for scores to be processed.

****NO REFUNDS AVAILABLE****

Student Last Name, First Name, Middle Initial (please print clearly)

Student ID Number (please print clearly)

MATERIALS ALLOWED Scratch Paper and Calculator (4-function only)

Test to be administered to:

Only students with this form

Exam Number & Title: HESI A2 TEST – English language
(reading, grammar, vocabulary), Math, Anatomy and Physiology

Division Name: NURSING

Date Test is Available
Year round

Students Complete Exam On: Computer

Test to be picked up by instructor

Test to be issued to students no later than:
A week before the application deadline if applying to a Lone Star Nursing
program.

Time allowed for test:
5 hours

Instructor Name - Kim Anderson

Instructor’s Office – HSC 250I

Hold In Center for Pick-Up - ONLY NURSING PERSONNEL
authorized to pick up exam

I understand that it is my responsibility to check the application deadlines for the nursing program to which I
am applying. I am aware that HESI must be completed one week prior to the program application deadline. I
understand that each campus within the Lone Star College – CyFair College System has different deadlines and
that the testing centers may offer testing outside of the application dates.

Student Signature: ______________________________
Date: ______________________________

Signature of Business Office Designee: ______________________________

Receipt Number: ______________________________

10/24/14