

Student Name:

Date:

*Mercer County Community College  
Division of Health Professions  
Nursing Program*

**NRS###  
Exam ## – Version #  
Date ###  
Professor ###**

*Instructions:*

***Students are to clearly write their name and 7-digit Mercer student ID number and fill in the scantron with the same.***

Use a #2 pencil only and completely darken the appropriate answers on the scantron sheet. Erase all stray marks.

Select either the one best answer, or multiple answers where indicated. Mark your answer clearly on the Scantron sheet. Only answers documented on the Scantron sheet will be accepted for grading.

For math questions, place final answer on the back of the scantron. Please number questions with corresponding answers.

If appropriate, mark the version of your exam on the scantron sheet.

All cell phones must be turned off and placed with personal items. Books and personal items are to be placed at the front of the room during exams.

If you have comments regarding any of the questions on this exam, please write them in the space below. ***No questions will be answered during the exam.***

Before beginning the exam, I acknowledge that I am physically and mentally able to take the exam today. \_\_\_\_\_(student initials) \_\_\_\_\_(date)