Verification of Good Standing Form (1/1)

This form is only required if you are currently or were previously enrolled in a Nursing or Health Science program and did not complete it or graduate.

How to correctly complete this form:
- Applicant must complete the waiver section before submitting the form for completion
- This form must be completed by the program Director/Department Chair
- Completed form must be sealed in an institution envelope
- Sealed envelope must contain Director/Department Chair signature over seal
- Verification of Good Standing Forms are subject to approval

APPLICANT WAIVER

This box must be completed by the applicant PRIOR to submitting the form for completion.

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, I [ ] DO [ ] DO NOT waive the right to inspect and review this completed ‘Verification of Good Standing Form’.

Applicant Signature Date

PROGRAM ENROLLMENT INFORMATION

Do NOT complete this form if the waiver section has not be completed by the applicant.

College/Institution Name: ____________________________

Department Chair/Director Name: ____________________________

Phone Number: ____________________________ E-mail: ____________________________

Select the Program:
- [ ] AAS, Nursing
- [ ] AAS, LVN-ADN
- [ ] AAS, Paramedic-ADN
- [ ] BS, Nursing
- [ ] BS, LVN-BSN
- [ ] Other: ____________________________

First Semester Attended: ____________________________ Last Semester Attended: ____________________________

1. Is the student eligible to continue in the program? [ ] Yes [ ] No
2. Is the student eligible to reapply for admission to the program? [ ] Yes [ ] No
3. Was the student unsuccessful in any program specific, academic course(s)? [ ] Yes [ ] No
   This includes withdrawing from a course while failing.
4. If yes, how many courses was the student unsuccessful in? ____________________________
5. Did the student have an unsuccessful courses during an entry or first level semester of the program? [ ] Yes [ ] No
6. Did the student have any academic, clinical, or professional disciplinary actions? [ ] Yes [ ] No
   If ‘yes’, please indicate what type of actions were incurred and provide a brief explanation:

Director/Department Chair Signature ____________________________ Date ____________________________

ADN Admissions Administrative Use ONLY

[ ] APPROVED [ ] DENIED By: ____________________________