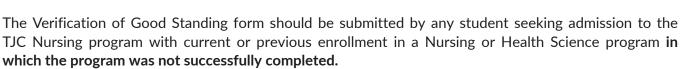
NURSING | SELECTIVE ADMISSION VERIFICATION OF GOOD STANDING FORM



Nursing

How to Complete the Verification of Good Standing Form

The Verification of Good Standing Form must be completed using the following directions:

- The form must be completed by the Department Chair/Director of the Nursing or Health Science program.
- The applicant must complete the 'Applicant Waiver' section first before submitting the form to the Department Chair/Director of the Nursing or Health Science program.
- A transcript (unofficial) of the program coursework must be attached with the form.

Verification of Good Standing Form Review Process

Submit the complete Verification of Good Standing Form and transcript to the TJC Nursing office for review **before** you apply to the program. You can submit the form in person or through email:

TJC Nursing Office: 0.020 Rogers Nursing & Health Sciences Center 1200 East Fifth Street Tyler, TX 75791

Email: NursingAdmission@tjc.edu Email Subject Line: TJC Nursing Verification of Good Standing Form

The Verification of Good Standing Form will be reviewed to determine eligibility to apply to each track/pathway within the TJC Nursing program. Once the review is complete, you will be emailed a copy of your outcome to your **TJC Student email** account. If your form is approved you must upload this with your application submission.

If you have any questions regarding the Verifcation of Good Standing Form you can call the TJC Nursing office at 903-510-2869 or email NursingInfo@tjc.edu.

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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

APPLICANT WAIVER

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

Applicant Name:				A Number:				
College/Institution Name:								
Department Chair/D	irector Na	me:						
Phone Number:				E-mail:				
Select the program applicant was/is enrolled in: Traditional RN (ADN/BSN) Dental Studies Physical Therapist Assistant LVN/Paramedic-RN Diagnostic Medial Sonography Radiological Technologist LVN-BSN Medical Lab Technology Respiratory Therapist Vocational Nursing Occupational Therapy Assistant Surgical Technologist EMSP, Paramedic Other:								
First Semester Attended: Last Semester Attended:								
Is the student eligible to continue in the program?							🗌 Yes	ΠNο
Is the student eligible to reapply for admission to the program?						🗌 Yes	No	
Was the student unsuccessful in any program specific, academic course(s)? This includes withdrawing from a course while failing.						🗌 Yes	□No	
If 'yes', how many courses was the student unsuccessful in?								
Were any of the unsuccessful courses during an entry/first level semester of the program?							Pes	□ No
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:								

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

Date

Department Chair/Director Signature

NURSING ADMINISTRATIVE USE ONLY

DENIED

Reviewed By:

REFERRED TO READMISSION COMMITTEE

Date