

# NURSING | SELECTIVE ADMISSION VERIFICATION OF GOOD STANDING FORM



The Verification of Good Standing form should be submitted by any student seeking admission to the TJC Nursing program with current or previous enrollment in a Nursing or Health Science program in which the program was not successfully completed.

## 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 Verification 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

\_\_\_\_\_  
Date

## 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/Director Name:	_____		
Phone Number:	_____	E-mail:	_____

<b>Select the program applicant was/is enrolled in:</b>	
<input type="checkbox"/> Traditional RN (ADN/BSN)	<input type="checkbox"/> Dental Studies
<input type="checkbox"/> LVN/Paramedic-RN	<input type="checkbox"/> Diagnostic Medial Sonography
<input type="checkbox"/> LVN-BSN	<input type="checkbox"/> Medical Lab Technology
<input type="checkbox"/> Vocational Nursing	<input type="checkbox"/> Occupational Therapy Assistant
<input type="checkbox"/> EMSP, Paramedic	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Physical Therapist Assistant	<input type="checkbox"/> Radiological Technologist
<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Surgical Technologist
First Semester Attended: _____	Last Semester Attended: _____
Is the student eligible to continue in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student eligible to reapply for admission to the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the student unsuccessful in any program specific, academic course(s)? <i>This includes withdrawing from a course while failing.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student have any academic, clinical, or professional disciplinary actions?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

\_\_\_\_\_  
Department Chair/Director Signature

\_\_\_\_\_  
Date

## NURSING ADMINISTRATIVE USE ONLY

APPROVED       DENIED      Reviewed By: \_\_\_\_\_