



# Kilgore College Nursing Program

Verification of Good Standing Form

## Applicant Waiver

### I. Applicant Waiver Release

This section must be completed by the applicant PRIOR to submitting the form for completion to previous school of nursing.

Pursuant to the Family Education Rights and Privacy Act:

I  DO  DO NOT waive the right to inspect and review this completed "Verification of Good Standing Form".

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Applicant Information

### II. Applicant information

Do NOT complete this form if the Applicant Waiver (Section I) has not been completed by the applicant.

Section II must be completed by the Director of the student's previous nursing program.

Applicant Name: \_\_\_\_\_

College/Institution Name: \_\_\_\_\_

Department Chair/Director Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Select the program applicant was/is enrolled in:

Traditional (ADN/BSN)     LVN/EMT-RN Transition     Vocational     Other: \_\_\_\_\_

First semester attended: \_\_\_\_\_ Last semester attended: \_\_\_\_\_

Is the student eligible to continue in the program?  Yes     No

If yes, when may the student resume the program? \_\_\_\_\_

Is the student eligible to reapply for the admission to the program?  Yes     No

If yes, when may the student reapply to the program? \_\_\_\_\_

Was the student unsuccessful in any program specific academic courses? (This includes withdrawing while failing)  Yes     No

If yes, how many courses/semesters was the student unsuccessful in? \_\_\_\_\_

Were any unsuccessful courses during an entry/first level semester of the program?  Yes     No

Did the student have any academic, clinical, or professional disciplinary actions?  Yes     No

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

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

\_\_\_\_\_  
Date

Forms may be emailed to: [nursing@kilgore.edu](mailto:nursing@kilgore.edu)

Or Faxed to: 903-988-8175