

Verification of Good Standing Form

Applicant Waiver

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

Applicant Information

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

This section must be completed by the Director of the student's previous nursing program.

Applicant Name: _____

College/Institution Name: _____

Department Chair/Director Name _____

Phone Number: _____ Email: _____

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 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? ☐ Yes ☐ No

(This includes withdrawing while failing)

If yes, how many courses/semester 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