



This form **MUST** be emailed directly to [nursing@uttyler.edu](mailto:nursing@uttyler.edu) from an official email account (example@college.edu) at the previous institution. **Any submission from a non-official email account or in person will NOT be accepted.**

## VERIFICATION OF STANDING FORM

### SECTION ONE Student Information | *Must be completed by the student.*

Student Name:		UT Tyler Student ID:	
Phone Number:		E-mail Address:	

This box must be completed by the student PRIOR to submitting the form 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'.

\_\_\_\_\_

Student Signature Date

### SECTION TWO Previous Program Information | *Must be completed by the previous college/university official.*

College/University Name:			
Department Chair / Director Name:			
Phone Number:		Email Address:	

Select the program the student was enrolled in:

Vocational Nursing       Associate Degree Nursing (ADN)       Bachelor of Science in Nursing (BSN)

First semester enrolled:		Last semester enrolled:	
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1. Is the student eligible to continue in the program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is the student currently eligible to reapply to the program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Was the student unsuccessful in any program specific <b>academic</b> course(s)? <i>This includes withdrawing from a course while failing.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Was the student unsuccessful in any program specific <b>clinical</b> course(s)? <i>This includes withdrawing from a course while failing.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Did the student have any disciplinary actions (academic, clinical, or professional) while enrolled in the program? If yes, please indicate what type and provide a brief explanation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### SECTION THREE Certification | *Must be signed by previous college/university official.*

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the student named on this form. I further certify that, except as noted in Section 2 above, this program has never taken any disciplinary action against this person nor has any information been presented relating to any question of unprofessional or immoral conduct.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title