

Verification of Good Standing: Nursing Dean / Program Director

Applicant after completing Section 1, give this form to your Nursing Dean, Program Director, or similar official to complete Section 2. We recommend that you allow the Dean/Program Director at least 2-3 weeks to complete this form. **The deadline to submit the complete form to the UB School of Nursing is 10/1 for ABS Applicants and 1/15 for Traditional Applicants.** It is the applicant's responsibility to make ensure the complete form is completed by the deadline.

SECTION 1 (to be completed by the applicant):

Full Name of Applicant: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Email: _____ Date of Birth: _____

Signature of Student to Authorize Release of the Information Requested Below:

_____ Date: _____

SECTION 2 (to be completed by the Nursing Dean, Program Director, or similar official only):

1. Was this student previously enrolled in your institution's nursing program? YES NO
2. Did this student leave your nursing program in good standing? YES NO (Current Standing: _____)
3. Was this student dismissed from your nursing program? YES NO
3. Has this student been involved in any disciplinary actions at your school, or are the any cases pending? YES NO
If "yes", please explain: _____
4. Is this student currently eligible to return to your nursing program? YES NO
6. Would you recommend this student for admission into another nursing program? YES NO No Response

Signature Title Date

Print Name Phone Number Email

SECTION 3: (the applicant or nursing school can submit this form)

Fax: 716-829-2067

Emailed scanned copy: nursing@buffalo.edu

Mail: UB School of Nursing Beck Hall attn: Student Services, Beck Hall 3435 Main St., Buffalo, NY 14214