

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 to 3 weeks to complete this form. The deadline to submit the completed 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 ensure the form is completed by the deadline.

For assistance to fill out this form, please contact Student Services by email nursing@buffalo.edu or by phone 716-829-2537.

Section 1 (to be completed by the applicant): Full Name of Applicant: Address: City: State: Zip 0 Phone Number: Email: Date of Birth: Signature of Student to Authorize Release of the Information Requested Below:				Zip Code: : w:
X		Date:	Date:	
1. 2. 3. 4.	Was this student prev Did this student leave Yes No (Current S Was this student dism Has this student been cases pending? Is this student current	by the Nursing Dean, Project iously enrolled in your institution your nursing program in good standing:) hissed from your nursing program involved in any disciplinary. Yes No If yes, please by eligible to return to your number of this student for admission sponse	ution's nursing progra od standing? gram? Yes actions at your schole explain: ursing program? Yes	s No sol, or are current
Signat	ture	Title		Date
Print Name		Phone Number		Email
Fax: 7 Email: Mail: Attn: 5 3435 I	on 3 (the applicant or 16-829-2067 a nursing@buffalo.edu UB School of Nursing, Student Services Main St. o, NY 14214	School of Nursing can su Beck Hall	bmit this form via tl	hese methods):

School of Nursing
Office of Student Services