

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