University at Buffalo
School of Nursing

Verification of Good Standing: Nursing Dean / Program Director

Any student who has completed nursing coursework at an institution other than the University at Buffalo (UB) must submit a **Verification of Good Standing Form**. The form must be completed and signed by the nursing program director or dean at the institution previously attended. Applicants are encouraged to allow at least 2–3 weeks for the form to be completed. It is the applicant's responsibility to request and ensure submission of the completed form in sufficient time to meet the application deadline for the program to which they are applying.

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 ☐ NA

_____

Signature Title Date

_____

Print Name Phone Number Email

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

Emailed scanned copy: nursing@buffalo.edu

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

School of Nursing
Office of Student Services

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