



The Verification of Good Standing Form **MUST** be emailed to the student's UT-Tyler, School of Nursing **Academic Advisor** 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 GOOD STANDING FORM

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

Student Name:			UT Tyler Student ID:	
Phone Number:		E-mail Address:		
<p>This box must be completed by the student <u>PRIOR</u> to submitting the form completion.</p> <p>Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, I [<input type="checkbox"/> DO] [<input type="checkbox"/> DO NOT] waive the right to inspect and review this completed 'Verification of Good Standing Form'.</p>				
_____ Student Signature			_____ Date	

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

Department Chair / Director Name:				
Phone Number:		Email Address:		
<p>Select the program the student was enrolled in:</p> <p><input type="checkbox"/> Vocational Nursing <input type="checkbox"/> Associate Degree Nursing (ADN) <input type="checkbox"/> Bachelor of Science in Nursing (BSN)</p>				
First semester enrolled in the program:		Last semester enrolled in the program:		
1. Is the student eligible to reapply or continue in the program?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Was the student unsuccessful in any program specific, academic, or clinical course(s)? <i>This includes withdrawing from a course while failing.</i>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Did the student have any academic, clinical, or professional disciplinary actions while enrolled in the program?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If "yes" to question three, please indicate what type of actions were incurred and provide a brief explanation:</p>				

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