



The Verification of Standing Form **MUST** be emailed to the student's TCU 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 STANDING FORM			
SECTION ONE Student Information <i>Must be completed by the student</i>			
Student Name:		TCU Student ID:	
Phone Number:		Email Address:	
<p>This box must be completed by the student <u>PRIOR</u> to submitting the form for 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> <p>_____ Student Signature</p> <p>_____ Date</p>			
SECTION TWO Previous Program Information <i>Must be completed by previous college/university official</i>			
Department Chair/ Director Name:			
Phone Number:		Email Address:	
Select program student was enrolled in:			
<input type="checkbox"/> Vocational Nursing <input type="checkbox"/> Associate Degree nursing (ADN) <input type="checkbox"/> Bachelor of Science in Nursing (BSN)			
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	
If "yes" to questions three, please indicate what type of actions were incurred and provide a brief explanation:			
SECTION THREE Certification <i>Must be signed by previous college/university official</i>			
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	