



LOUISIANA STATE UNIVERSITY PN PROGRAM

VERIFICATION OF STANDING

Applicant: Please complete Section I. Submit form to the Director of Nursing Program/ Assistant Program Director/ Nursing Facilitator. It is the applicant's responsibility to follow up and make sure the form is completed and submitted directly to the Nursing Program prior to application deadline.

Section I: To be completed by the applicant

Full Name: _____

Email: _____ Phone Number: _____

Signature: _____ Date: _____

Student signature confirms permission to release the information requested.

Section II: To be completed by the Director of Nursing Program/ Assistant Director/ Nursing Facilitator ONLY:

1. Was this student enrolled in your school of nursing? ___Yes ___No
2. What is this student's current standing? ___Good standing (eligible to reenroll)
___ Must defer enrollment for prescribed time
___ Not eligible to reenroll
3. If student is not eligible to reenroll immediately, please explain:

4. Has this student had any disciplinary issues at your school, or are there any disciplinary issues pending? If yes, please explain:

5. Would you recommend this student for admission into another school of nursing?

___yes ___no ___ would rather not say

Signature: _____ Title: _____

Print Name: _____ Date: _____
