

SECTION I: APPLICANT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Previous Name (s): _____

Email Address: _____ SCSU Nursing Program you are applying to: ____ BSN ____ ACE

Previous College/University Nursing Program Attended: _____ Dates: _____

I authorize the release of the information requested below:

Signature of Applicant _____ Date _____
.....

SECTION II: COMPLETED BY NURSING DEAN, PROGRAM CHAIR/DIRECTOR, OR SIMILAR OFFICIAL ONLY

1. Has this student been enrolled in a nursing program at your institution?
____ YES ____ NO (If NO, please sign this form below and return per instructions at the bottom.)
2. Has this student been involved in any disciplinary action at your school, or are there any cases pending?
____ YES ____ NO If YES, please explain:

3. Is this student currently eligible to return to your nursing program?
____ YES ____ NO If NO, please explain:

4. Are there any factors (academic, social, or other) that would interfere with the student's ability to make normal progress toward his/her degree?
____ YES ____ NO If YES, please explain:

5. If there is additional information you would like to include, please include a separate document with this form.

Name of Official _____ **Title** _____ **Phone Number** _____

Signature _____ **Date** _____
.....

This form must be completed by the Nursing Dean/Director/Coordinator and returned by the Nursing Dean/Director/Coordinator directly to Dr. Cheryl Resha via email (reshaC1@southernct.edu), fax (203) 392-6493, or mail at:
SCSU, Department of Nursing
501 Crescent Street
New Haven, CT 06515