



Trocaire College - Catherine McAuley School of Nursing
Verification of Good Standing by College Official

Purpose:

This form is necessary for applicants who wish to transfer to Trocaire College's Nursing Programs (Practical Nursing, AAS Nursing) from another institution.

Instructions:

After completing Section I, provide this form to a College Official to complete Section II. Please allow the college official sufficient time to complete this form. The deadline to submit the completed form to Trocaire College is due by the entering semester deadline date as stated on the Trocaire website. The applicant must ensure the form is completed and submitted. For questions regarding this form, please contact Nursing Programs Specialist, Lauren Watkins, MBA by email at:

WatkinsL@trocaire.edu or by telephone: 716-827-2541.

Section I (to be completed by the applicant):

Full Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____ Date of Birth: _____

The Family Educational Rights and Privacy Act (FERPA) guarantees confidentiality of student educational records. To expedite my application and/or enrollment in Trocaire's Nursing Program, I authorize the school(s) that I previously attended [_____] and/or its school officials to release all requested records and/or information pertaining to my academic performance and conduct as an enrolled student.

_____ Date: _____

Applicant Signature

Section II (to be completed by a College Official (Nursing Dean, Program Director, Registrar, etc.))

	Yes	No
1. Was this student previously enrolled in your institution's nursing program?		
2. Did this student leave your nursing program in good standing?		
3. Was this student dismissed from your nursing program?		
4. Has this student ever been subject to disciplinary action at your school, or are any current disciplinary cases pending?		
5. Is this student eligible to return to your nursing program?		
6. Do you recommend this student for admission into another nursing program?		

If the answers to Questions 2, 5, or 6 are "no," or the answers to Questions 3 or 4 are "yes," please explain. Use a separate sheet of paper if necessary.

Signature of College Official **Title** **Date**

Printed Name **Phone Number** **Email**

Return this completed form to:

Email: lositop@Trocaire.edu

Mail: Dr. Patricia Losito
Trocaire College
360 Choate Avenue
Buffalo, NY 14220