

Delgado Community College/Charity School of Nursing

Office of Admissions
450 South Claiborne Avenue, 6th Floor - Room 613-C
New Orleans, Louisiana 70112

Transfer Student Reference Sheet

NAME OF STUDENT _____
(PLEASE PRINT)

CURRENT MAILING ADDRESS: _____
(ZIP CODE)

SEMESTER YOU EXPECT TO TRANSFER: _____ EMAIL ADDRESS

TELEPHONE #: _____

SOCIAL SECURITY NUMBER: ____/____/____ DATE OF BIRTH: _____

I authorize you to release the requested information and return the completed form to Delgado Community College/Charity School of Nursing at the above address. I understand a letter of good standing is required when transferring from one nursing program to another. Completion of this form will serve as my letter of good standing.

(APPLICANT'S SIGNATURE)

COLLEGE/UNIVERSITY USE ONLY:

1. Why did this nursing student leave your institution? _____
2. Has the student been under Disciplinary Censure? ~ If so, please describe.

3. Please check one of the following:
 - a. Eligible to return to Nursing Program
 - b. Eligible to return only under special conditions
 - c. Not eligible to return to Nursing Program

PLEASE EXPLAIN INELIGIBILITY OR CONDITIONAL ELIGIBILITY.

ADDITIONAL INFORMATION THAT MAY BE OF VALUE TO US IN CONSIDERING THIS STUDENT.

Dean of Nursing Signature Name Title Date

College/University Address Zip Code