

APPLICANT INFORMATION FORM FROM PREVIOUS NURSING PROGRAM ENROLLMENT

To be completed by the nursing applicant:

Student name:	EKU Student ID number:
Previous school name and type of nursing program:	Previous school telephone & email contact information:
Reason for transfer & dates enrolled: _____ / _____ to _____ / _____ Month Year Month Year	

I request that the following information be provided to EKU School of Nursing. I do / do not (circle one) waive my right under the Buckley Amendment to inspect this reference that will be filed in my student record.

Signature

Date

To be completed and emailed to EKU School of Nursing by the previous Nursing Program Director:
(Please email to: nursing@eku.edu).

The above student has applied for admission to the Associate of Applied Science in Nursing Program at Eastern Kentucky University and has requested the following information be provided:

Was the student's performance satisfactory in all areas while in your program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please complete the section below:	
<input type="checkbox"/> Nursing theory grade below passing	
<input type="checkbox"/> Clinical performance unsatisfactory	
<input type="checkbox"/> Withdrew from course(s) in which performance was deficient /unsatisfactory at the time of withdrawal	
<input type="checkbox"/> Other (please describe):	
Did the student apply for readmission to your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student eligible for readmission to your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not eligible for readmission, please list reasons:	
Please comment on your opinion of the applicant's potential for success:	

Signature

Title

Date

Please email to: nursing@eku.edu