

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
OFFICE OF STUDENT AND ALUMNI AFFAIRS

REQUEST FOR LETTER OF GOOD STANDING

ALL INFORMATION MUST BE COMPLETED PRIOR TO PROCESSING

STUDENT NAME: _____
STUDENT ID: _____
EXP. GRAD DATE: _____

TRAD. RN LPN MSN- _____ PhD DNP

PLEASE ADDRESS LETTER TO:

NAME: _____
AGENCY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

I WOULD LIKE THIS LETTER TO INCLUDE:

Anticipated graduation date Cumulative GPA *

** If GPA is included in letter, then the letter must be sent directly to the agency.*

LETTERS OF GOOD STANDING WILL BE SENT DIRECTLY TO THE AGENCY,
UNLESS OTHER INDICATED.

Please allow 48 hours for preparation of letters.

Pick-up

Please email to: _____

Signed: _____ Date: _____

Phone #: _____

*****STUDENTS ON ACADEMIC PROBATION ARE NOT ELIGIBLE FOR LETTERS OF GOOD STANDING.**

***** ENROLLMENT VERIFICATIONS CAN BE PRINTED FROM THE STUDENT SELF-SERVICE ACCOUNT. THIS VERIFICATION CAN INCLUDE THE FOLLOWING: NAME, ID NUMBER, CAREER/PROGRAM PLAN, EXPECTED GRADUATION DATE, ALL TERMS ENROLLED, AND EACH TERM'S GPA.**