

REQUEST FOR LETTER OF GOOD STANDING / ENROLLMENT VERIFICATION

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: _____

TYPE OF LETTER:

Letter of Good Standing Enrollment Verification

I WOULD LIKE THIS LETTER TO INCLUDE:

Verification of enrollment for _____ semester Nursing GPA *
 Anticipated graduation date Cumulative GPA *
 Other (state below): _____

** 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 mail to: _____

Signed: _____ Date: _____
Phone #: _____