

## School Enrollment Verification Form TERM:

**\*THIS FORM IS TO BE COMPLETED BY A SCHOOL OFFICIAL**

YEAR: **2020**

School Name: \_\_\_\_\_ State: \_\_\_\_\_

SSN (Last 4 digits)	Name	Nursing Program Completion Date	Term/Semester Dates (mm/dd/yy - mm/dd/yy)	Program Year	Graduation Date
□ □ □ □				01 02 03 04	

Enrolled Degree  
 DIPL  ADN  BSN  ABSN  MSN-NP  MSN RN  DNP  
 Program:  Other - Explain: \_\_\_\_\_

**Specialty for NPs and Direct Entry Masters NPs:** \_\_\_\_\_

Please indicate below the current student status, which of the following categories apply. If applicable, list a new graduation date in the comments column.

- CATEGORIES: (if applicable check more than 1 category)
- 1 = Full-Time Enrollment in Nursing Program
  - 2 = Part-Time Enrollment in Nursing Program
  - 3 = Repeating Course Work

- 4 = Leave of Absence
- 5 = Withdrawn/ Dropped out of School
- 6 = Not Enrolled (Summer Only)
- 7 = Other Status (please explain)

Explain/Comments: \_\_\_\_\_



**By signing my name below, I certify that the current status of the student listed above has been correctly identified from the categories provided above.**

School Representative

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_