

Neumann University Office of Admissions Nursing Program Disclosure Form

The Office of Admissions requires official transcripts from all prior institutions, colleges and universities attended. The purpose of this form is to ensure that transfer applicants release information pertaining to their enrollments in Nursing programs at other institutions, colleges and universities. This information will be reviewed according to criteria for admission.

- Section 1 of this form is to be completed by the applicant for admission to Neumann University.
- Section 2 of this form is to be completed by Nursing Dean, Nursing Program Director or similar Nursing Program official of the prior institution, college or university that the applicant attended.

Section 1: *to be completed by the applicant for admission to Neumann University*

- ☐ Full Name:
- ☐ Prior Name(s):
- ☐ Date of Birth:
- ☐ Email:
- ☐ Indicate the institution, college and/or university Nursing Program you attended previously and your dates of attendance:

Indicate your signature, ***required as hand-written (no digital or stamped signatures)***, to authorize release of information requested pertaining to prior enrollments in nursing programs; then, send to the nursing program official of the prior institution you attended with request to complete Section 2 of this form.

Signature:

Date:

Section 2: *to be completed by the Nursing Program Dean, Director or an official of the Nursing Program previously attended by the above named individual.*

- ☐ Has the student been in a nursing program at your institution?
Yes: ☐ No: ☐
- ☐ Has the student been involved in any disciplinary action, whether academic or student conduct, at your institution, college or university, or are there any cases pending?
Yes: ☐ No: ☐
If yes, explain:
- ☐ Is the student eligible to return to the nursing program at your institution, college or university?
Yes: ☐ No: ☐
- ☐ If there is additional information you would like to include, please include a separate document to submit with this form.

Name & Title of Nursing Program official completing Section 2 of this form:

Email:

Signature:

Date:

Please submit the completed form via email attachment to Neumann University Office of Admissions (neumann@neumann.edu) attn. Nursing Program. Thank you!