

# Delgado Community College/Charity School of Nursing

Office of Admissions  
450 South Claiborne Avenue, 6<sup>TH</sup> Floor - Room 613-A  
New Orleans, Louisiana 70112

## Transfer Student Reference Sheet

NAME OF STUDENT \_\_\_\_\_  
(PLEASE PRINT)

CURRENT MAILING ADDRESS: \_\_\_\_\_  
(ZIP CODE)

SEMESTER YOU EXPECT TO TRANSFER: \_\_\_\_\_ EMAIL ADDRESS

TELEPHONE #: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

*I authorize you to release the requested information and return the completed form to Delgado Community College/Charity School of Nursing at the above address. I understand a letter of good standing is required when transferring from one nursing program to another. Completion of this form will serve as my letter of good standing.*

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

### COLLEGE/UNIVERSITY USE ONLY:

1. Why did this nursing student leave your institution? \_\_\_\_\_
2. Has the student been under Disciplinary Censure? ~ If so, please describe.  
\_\_\_\_\_
3. Last semester student enrolled in Nursing Program? \_\_\_\_\_
4. Please check one of the following:
  - a. Eligible to return to Nursing Program
  - b. Eligible to return only under special conditions
  - c. Not eligible to return to Nursing ProgramPLEASE EXPLAIN INELIGIBILITY OR CONDITIONAL ELIGIBILITY.  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION THAT MAY BE OF VALUE TO US IN CONSIDERING THIS STUDENT.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean of Nursing Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code