

BALDWIN WALLACE UNIVERSITY

Previous Nursing Education Program Evaluation Form



This form is **REQUIRED** by the Admission Committee if you are currently enrolled or have attended another nursing program/school but did not graduate. The bottom portion should be completed by an administrator/director of the previous nursing program/school.

APPLICANT

Please complete the section below prior to giving to the Nursing Department at the institution you last attended.

Applicant's Name: _____
Last First Middle or Maiden, if applicable

Permanent Home Address: _____
Number Street City State Zip

Intended date of entrance: Fall Semester, 20____ Spring Semester, 20____

Previous nursing program(s) and dates attended (name of college/university): _____ Attendance Dates: _____

From: _____ **To:** _____

From: _____ **To:** _____

Reason for leaving: _____

The bottom of this form must be completed as part of your application for admission to Baldwin Wallace University's Accelerated Bachelor of Science in Nursing. Your signature below authorizes release of the information requested.

Signature: _____ Date: _____

NURSING PROGRAM ADMINISTRATOR/DIRECTOR

The above applicant has applied for admission to Baldwin Wallace University's Accelerated Bachelor of Science in Nursing. Please complete the section below and return this form to the BW Office of Admission. The reverse side may be used for additional comments.

CONFIDENTIALITY

Materials submitted in support of an application for admission to Baldwin Wallace University are reviewed only by members of the Admission Committee and other University staff responsible for admission decisions. Please know that any information you may share can be viewed by the applicant should he/she choose to matriculate at Baldwin Wallace University.

Was the student involved in any disciplinary action during enrollment at your institution? Yes No

If yes, please describe the charge and the action taken: _____

Was the student dismissed for academic or other reasons? Yes No

If yes, please describe the reason for dismissal: _____

Is the student eligible for immediate re-enrollment at your institution? Yes No

If no, please explain: _____

Signature: _____ Date: _____

College/University: _____ Position: _____

Phone: _____ / _____ Email: _____