



Columbia College of Nursing

Transfer Student Academic Standing

Permission to provide information:

I, _____, grant permission for _____
(Print student's name) (Print name of College)

to provide information regarding my academic standing and program eligibility to the Columbia College of Nursing.

(Signature of student)

(Date)

The following information is to be provided to the Dean of the Columbia College of Nursing.

Student Name: _____

Academic Standing at prior College in Nursing Program: (please check one)

Good

Probation

Suspended

Other: Explain: _____

Eligibility to return to program at prior College: (please check one)

May return unconditionally

May return on condition (specify): _____

Not eligible to return

Comments:

Signature/Title: _____

Date: _____

Please return to:
Jill Winters, PhD, RN
Columbia College of Nursing
2121 E. Newport Avenue
Milwaukee, WI 53211