

**CENTRAL TEXAS COLLEGE
DEPARTMENT OF NURSING
P.O. Box 1800, Killeen, Texas 76540-1800
254-526-1890/1150/1300**

Date:

Dear

_____, SS# _____, has applied for admission to the Department of Nursing Associate Degree Nursing program at Central Texas College in Killeen, Texas. The Admissions and Standards Committee is requesting the information listed below. The student's Authority for Release of Information is enclosed.

Sincerely,

Sandra Thomason, MSN, RN
Chair, Department of Nursing
P.O. Box 1800
Killeen, Texas 76540-1800

1. Dates attended:
2. Degree received:
3. Clinical performance evaluation:
 Poor
 Average
 Above Average
 Outstanding
 Was never enrolled in a clinical nursing course

Comments:

4. Reason for leaving the program:
5. Is this student eligible for readmission to your program?
 Yes No; If No, please explain:

Other comments:

Signature: _____ Title: _____

Print Name: _____ Date: _____

ST:cv/7.01.09