SAINT JOSEPH COLLEGE
CONNECTICUT

Saint Joseph College
Connecticut Community College Nursing Program

CT-CCNP Dual Admissions Academic Standing Verification

To be completed by student:

Last Name _____ First Name _____ Middle Initial _____

Permanent Home Address – Street/City/State/Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

I, the undersigned, submit my application to the Saint Joseph College Dual Admission RN-B.S. in Nursing program. I am in good academic standing with the Connecticut Community College Nursing Program. I have provided true, correct, and complete information on this form.

Student Signature _____ Date _____

Please have this section completed and signed by your advisor:

☐ I have verified that the above student has graduated from high school or earned a GED and that an official copy of such documentation has been provided to, and accepted by, the Community College as proof of graduation or high school equivalency.

☐ I, the undersigned, verify that the above student is in good academic standing with the Connecticut Community College Nursing Program and meets all the criteria established in the Dual Admission Agreement. I support his/her admission into the Saint Joseph College Dual Admission RN-B.S. in Nursing program.

Community College:

☐ Capital ☐ Gateway ☐ Naugatuck Valley ☐ Northwestern ☐ Norwalk ☐ Three Rivers

CT-CCNP Academic Advisor Signature: _____ Date: _____

3/16/2010