KING'S COLLEGE
TRANSFORMATION. COMMUNITY. HOLY CROSS.

Phone: (570) 208-8519
Email: gradprograms@kings.edu

Nursing Dean/Program Director Recommendation

This form is for any applicant previously enrolled in a nursing program. After you have completed Section I of this page, please give this form to your college or university's nursing dean, program director, or similar official to complete Section II of this form. We prefer the institution to scan and email the document. If this cannot be emailed, please provide a stamped envelope addressed to King's College Graduate Office of Admission at the address below. This form must be sent directly by the institution; we cannot accept the form if submitted by the applicant.

SECTION I (to be completed by the applicant):

Full Legal Name of Applicant _____ Permanent Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

School Now Attending _____

Signature of Student to Authorize Release of the Information Requested Below _____

SECTION II (to be completed by Dean of Students or similar official only):

1. Was this student previously enrolled in your institution's nursing program? ☐ YES ☐ NO

2. Has this student been involved in any disciplinary action at your school (i.e., nursing dismissal, student conduct, academic integrity, clinical safety, etc.) or are there any cases pending? ☐ YES ☐ NO

If "yes," please explain:

3. Is this student currently eligible to return to your nursing program? ☐ YES ☐ NO

4. Please use this space for any additional comments, if necessary.

Signature _____ Title _____ Date _____

Print Name _____ Phone Number _____ Email _____

Must be sent directly by the nursing dean, program director, or similar official.

Mailing Information King's College
ATTN: Graduate Admissions
133 N. River Street
Wilkes-Barre, Pa 18711

Scan and Email (preferred)
gradprograms@kings.edu