

Kingsborough Community College-Department of Nursing
CERTIFICATION OF WITHDRAWAL FROM A NURSING PROGRAM IN GOOD
ACADEMIC STANDING

Student Name _____
Last First

EMPL ID _____

Student Address _____

City State Zip Code

Email _____

Phone number _____

To be completed by the institution

Name of Institution _____

Address of Institution _____

Nursing Program attended ADN _____ BSN _____

Semester(s) Attended _____

This document certifies that the above named student was in good academic standing and was not placed on academic probation or was not administratively dismissed from your Clinical Nursing program. **The institution must email this form to Susan.Levinshtein@kbcc.cuny.edu and Nina Vitucci@kbcc.cuny.edu** (Students cannot submit this form.)

Name of Official (Printed) _____

Signature _____

Title _____

School Stamp _____