



ALLEGANY COLLEGE
of MARYLAND
NURSING DEPARTMENT

Dear Colleague,

On behalf of the Nursing Program at Allegany College of Maryland, we are asking you to complete the following information on _____, who is applying to our nursing program.

We take attendance and lack of program completion at other programs seriously when we review applicants for our program. Your input is greatly valued and we thank you for taking the time to complete this form on behalf of the applicant who is presenting it for completion.

Please return this form direction to the Nursing Program at Allegany College of Maryland. We ask you do so either by: a) mailing it directly to us at the Cumberland address below or b) give it back to the applicant for submission by placing it in an official institution envelope, sealing it and then signing your name written diagonally across the back seal of the envelope.

Name of Institution attended: _____

Nursing Program Director: _____

Phone Number: _____ Email: _____

Date student enrolled in your program: _____

Type of Nursing Program: Diploma _____ Associate _____ Bachelor _____ Other _____

Identify reason student was not successful: Theory Grade failure _____ Clinical Failure _____ Other _____

At time of leaving your program was the student in good academic standing: Yes _____ No _____

Would this former student be eligible to return to your nursing program: Yes _____ No _____

Reason if no:

- a. GPA not high enough
- b. Nursing policy dictates student may not repeat course for clinical failure
- c. Students not eligible to return to program regardless if considered a course or clinical failure
- d. Student demonstrated unprofessional behavior

Other comments:

Collegially,

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