



**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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