

Statement of Good Standing

To The Student Requesting This Statement:

Name of Student: _____ CCCC Student ID: _____
 Address: _____ Academic Program: _____
 City, State, ZIP: _____ Tel.: () _____

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, I give permission for my academic history and standing to be provided to Central Carolina Community College Health Science Division for Consideration for admission to a competitive entry Health Science Program.

Applicant's Signature: _____ Date: _____

To The Individual Submitting This Statement:

CCCC's Health Science programs require a Statement of Good Standing for any applicant who has a previous unsuccessful attempt in an Allied Health Science program. For the purpose of this application, we ask for confirmation that the student listed above was not dismissed or removed from your program for reasons that include, but are not limited to, the types of behaviors listed below.

Name: _____ Email: _____
 College Name: _____ Position: _____
 Address: _____
 City, State, ZIP: _____ Tel.: () _____

Has the applicant ever been suspended or dismissed for any of the following reasons?

Please attach a letter to this form if any of the spaces provided are insufficient to provide adequate response.

- Discipline: No Yes, Please explain _____

- Academic Dishonesty: No Yes, Please explain _____

- Clinical Site Issues: No Yes, Please explain _____

- Inappropriate Patient Interactions: No Yes, Please explain _____

- Violation of Student Code of Conduct: No Yes, Please explain _____

- Other: No Yes, Please explain _____

Signature: _____ Date: _____