



# ROGERS STATE UNIVERSITY

## DEPARTMENT OF HEALTH SCIENCES

Instructions: Submit this form to the Records Specialist, Department of Health Sciences Rogers State University. THE STUDENT SHOULD ALLOW FOR A "MINIMUM" OF FIVE (5) WORKING DAYS FOR PROCESSING THE DOCUMENT. **Student must complete ONE (1) form per request. All requested information must be provided.**

### Letter of Academic Progress (typically used for Externships)

A letter of academic progress verifies student enrollment and provides information related to the students' academic standing. It may include consultations reflecting patterns of absences, academic problems, or unprofessional conduct. **Prior to submitting this form** students have the responsibility to visit with the faculty member and obtain their agreement to write a letter of reference. **Completed reference letters from faculty and adjuncts will not be available for student pick-up.**

### Letter of Personal Reference

A letter of personal reference should be one of requested of personal character. You must request the faculty permission prior to submitting this form. These are often requested for use with scholarship, jobs, etc. This reference may be emailed, mailed, or picked up by the student. Please specify the means in the below boxes.

### Letter of Acceptance

A letter of acceptance states a student has been accepted into the Nursing program.

### Student Authorization of Release of Information

I, \_\_\_\_\_ authorize Rogers State University to release information for the requested document.  
(PLEASE PRINT FULL NAME)

Purpose of this Letter: **CIRCLE ONE:** SCHOLARSHIP    EXTERNSHIP    EMPLOYMENT    OTHER

- Academic Progress Nursing Program
- Acceptance to the RN2BSN Program
- Acceptance to the BSN/RN2BSN Program
- Questionnaire/Survey-Links sent directly to the instructor
- Reference Letter
- SPECIFY FACULTY MEMBER: \_\_\_\_\_
- Other: Forms requested to be completed originating from another institution.

Name of Form: \_\_\_\_\_ Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

All letters will be sent by the delivery method provided by the student. Please indicate which delivery method you prefer.

<b>Mail</b>	<b>Link</b> (student will supply link for survey or questionnaire)	<b>Email</b> (documents can be emailed to institutions-not to students)	<b>Student Pick-Up -</b> Letters of Academic Progress NOT available for student pick-up (even if you are picking up-you still need to complete box below)
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All letters will be sent by the delivery method provided by the student. Please indicate which delivery method you prefer.

<b>TO BE SENT TO:</b>	<b><u>THIS BOX MUST BE FILLED IN COMPLETELY REGARDLESS OF DELIVERY METHOD</u></b>
Name of Institution	
Attention	
Mailing Address/Email	
City, State, Zip	
Telephone/Fax	