

# RARITAN VALLEY

COMMUNITY COLLEGE



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Student: Fill out top section to give permission for release of your information. Then deliver it to your LPN school for completion. Do not return this form to RVCC before it has been completed by an authorized person at the LPN school.

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I hereby grant permission to \_\_\_\_\_  
(Name of Practical Nursing School)  
to forward my final transcript and release the following recommendation to Raritan Valley Community College for the purpose of enrolling in the LPN-RN bridge program, Practical Nurse-Associate Degree Option.

\_\_\_\_\_  
Student's Signature Date

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Practical Nursing School: Please complete the bottom section and return this form to:

Raritan Valley Community College  
Admissions Office  
P.O. Box 3300  
Somerville, NJ 08876

Please note: If your program is outside the State of New Jersey, include a copy of your course description and grading scale.

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This is to confirm the attendance of \_\_\_\_\_ at \_\_\_\_\_  
(Student's Name)  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Practical Nursing School)

This student  graduated  
 will graduate (Date: \_\_\_\_\_)

Clinical Evaluation: Excellent Above Average Average Below Average  
Academic Evaluation: Excellent Above Average Average Below Average

State Board Result: \_\_\_\_\_  
Cumulative Grade Point Average (LPN courses only): \_\_\_\_\_

The faculty of this school  recommends  does not recommend  
that this student continue studies in the Raritan Valley Community College PNAD Option in Nursing.

\_\_\_\_\_  
Name of person completing form (print) Title

\_\_\_\_\_  
Signature Date