

DISCIPLINARY REPORT FOR COLLEGE OF NURSING & HEALTH SCIENCES -CNHS

APPLICANT SECTION

Complete the Applicant Section of this form. Send a separate form to the appropriate representative at **each** university or college you previously attended. Request that the form be returned to: Rekha Rosha–CNHS- UMass Dartmouth, 285 Old Westport Road, Dartmouth MA 02747-2300 / rrosha@umassd.edu.

UMassD CNHS applications will not be reviewed until all necessary disciplinary forms are returned.

LEGAL NAME _____

DATE OF BIRTH _____

By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by the University of Massachusetts Dartmouth. I further authorize the admissions officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation
2. I waive my right to access below:
 - YES, I do waive my right to access, and I understand that I will never see this form or any other recommendations and supporting documents submitted by me or on my behalf
 - NO, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documentation submitted by me or on my behalf to the University of Massachusetts Dartmouth.

SIGNATURE _____ DATE _____

SCHOOL REPRESENTATIVE SECTION

This form must be completed by the Dean of Students Office, the Judicial Officer, or other office that is responsible for keeping student disciplinary records. Student’s application is reviewed after Disciplinary Report is on file. Thank you for the assistance with this matter.

OFFICIAL NAME/TITLE _____

EMAIL/PHONE _____

INSTITUTION _____

INSTITUTION CITY/STATE _____

Has the applicant ever been found responsible for a disciplinary violation at your school that resulted in the applicant’s probation, suspension, removal, dismissal, or expulsion from your institute? YES NO

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony or other crime? YES NO

If you answered “yes” to either or both questions, please attach a separate sheet of paper to give the approximate date of each incident and explain the circumstances.

COLLEGE OFFICIAL SIGNATURE NAME _____

Please mail or e-mail this form and/or accompanying document to:

Rekha Rosha –CNHS - UMass Dartmouth 285 Old Westport Road, Dartmouth MA 02747-2300 / rrosha@umassd.edu