

Enrollment Verification Form

Student Name: _____

Student Signature: _____

Date: _____

The following student _____ is a current nursing student at Montgomery County Community College enrolled in the Associate of Applied Science in Nursing (AASN) program. This student has approval to apply to the concurrent RN-BSN program at West Chester University.

The purpose of this document is to verify that this student is currently enrolled in the AASN program at Montgomery County Community College.

Nursing Program Representative Name: _____

Nursing Program Representative Signature: _____

Date: _____