



# STATEMENT OF GOOD STANDING

(MUST BE COMPLETED BY ALL NOLS SEMESTER STUDENTS)

Student must have this form completed and submitted by an appropriate administrator (principal, headmaster, college counselor, dean of students, registrar or academic dean) at the last school or college they attended. Fax to NOLS: 307-332-1220.

**TO BE COMPLETED BY THE APPLICANT** | I authorize the release of information requested below by the appropriate school official.

Applicant's Signature

Date of Signature

Print name as it appears on application

Street Address

City

State

Zip

NOLS Application ID Number

NOLS Course Code

**TO BE COMPLETED BY SCHOOL OFFICIAL (PRINCIPAL, HEADMASTER, COLLEGE COUNSELOR, DEAN OF STUDENTS, REGISTRAR, OR ACADEMIC DEAN)** | Please list any schools previously attended by the applicant that you are aware of.

School

City

State

School

City

State

School

City

State

1. To your knowledge, has the applicant ever been suspended or dismissed from or placed on probation at any educational institution?

YES

NO If yes, please give details on the reverse side of this form.

2. May the student continue in good standing at your school?

YES

NO

School Official's Signature

Date of Signature

Print or type School Official's Name

Telephone Number

School Official's Position or Title

School, College, or University Name

City

State