

Student name: _____

HACC ID: _____



Good Standing Form

For Student Seeking Change of Health Career Major or Readmission to a Health Career Program

This Good Standing Form is to be used in the event a student has withdrawn or been dismissed from a clinical program at HACC and is requesting admission into another clinical program.

Directions:

Student completes Student section of form. A separate form must be completed for each program if withdrawn from more than one

1. Advisor/PD forwards student's completed form to Vicki Gentzel, Health Careers Specialist (vgentze@hacc.edu)
2. Vicki forwards form to Program Director of previous program(s)
3. Completed form is returned to Vicki (vgentze@hacc.edu - B201)
4. Contact Vicki at 717-780-1992 with questions

TO BE COMPLETED BY STUDENT

Other/Maiden/Previous Name: _____

Program from which student withdrew: _____

Withdrawal Date: _____

Reason for withdrawal:

Program to which student is applying: _____

Student signature: _____ Date: _____

TO BE COMPLETED BY THE PROGRAM DIRECTOR

Did this student leave your program in breach of the code of ethics? YES NO

Comments:

Program Director signature: _____ Date: _____

Program Director name (print): _____

PD, please complete form and return WITHIN 5 WORKING DAYS to the Vicki Gentzel, B201, vgentze@hacc.edu.