



ACADEMIC ADVISOR FORM

Dear Academic Advisor:

The individual named below has applied for a position as a Student Nurse Extern at the Ohio State University Medical Center. Acceptance into the Extern Program and employment eligibility is based upon current enrollment in an accredited nursing program, excluding breaks between scheduled sessions.

Please complete the form below and return it to _____ who will
(Name)
submit the form with other application materials.

_____ is currently enrolled as a nursing
(Name)

student at _____.
(School)

It is expected that the student's standing in our nursing program as of June 2009 will be:

Associate Degree

- 5th Quarter
- 6th Quarter
- 7th Quarter

Baccalaureate/Diploma

- Senior
- Other

(Date)

(Signature)

(Print Name)

(Title)