## **STUDENT FOLDER ORGANIZATION CHECKLIST**

Student name:		Projected Graduatio	Projected Graduation Date:	
FRONT of Folde — Degree Ad	<del></del>			
SECTION 1 ACADEMIC, ATI, STUDENT CORRESPONDANCE AND CLINICAL PERFORMANCE)				
<ul> <li>Academic</li> <li>Academic</li> <li>Midterm/</li> <li>ATI Testin</li> <li>Academic</li> <li>Applicatio</li> <li>Academic</li> <li>Handbool</li> </ul>	performance documentation/PAS Final Clinical Evaluations / Clinical g g results /Profile for Comprehension IP (In Progress forms), Grade Char on for Nursing Degree Plan Degree Modification Form	S forms; Student Counseling forms/ Unsatisfactory forms (Not RN to BSN ve Predictor (Not RN to BSN Student	N Students)	
<ul> <li>— Application front of form of form of form of form of the correspont of the correspond o</li></ul>	on Notification Letter (Stapled to in older) on for Nursing Program/application odence, (if any) oorts (Proof of Class Completion its, if any). CT or SAT results (if available; Not Recommendation Letters (RN to BS	permission——————————————————————————————————	Confirmation of Program Acceptance tter (Pre-admission testing scores) (Not RN to	
<ul> <li>Urine Dru</li> <li>Background</li> <li>Immuniza</li> <li>Copy of Tolerand</li> <li>Copy of Copy of Copy of Board of Instance</li> </ul>	g Screen results nd check report tion Form (and any personal immu B ealth insurance PR card lue Card from Board of Nurse Exam			
<b>Documentation of Advisor Organization of Student Folder</b> (Signature means you have verified all documents are in above order).				
Date	Print Name of Faculty/Advisor	Signature of Faculty/Advisor	Comments/Notes	