



FACULTY DEVELOPMENTAL PROGRAM
GRADUATE STUDENT STATUS
NORTH DAKOTA BOARD OF NURSING
SFN 58422 (08-11)

Graduate Student Name

Program Name			
Address	City	State	Zip Code

The student has been accepted and is enrolled in the graduate nursing program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is progressing satisfactorily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Status	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate

Date of Expected Graduate Program Completion
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Comments

Signature of Administrator of Nursing Program or Designee	Date
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