

Office Use Only  
Rec'd Date:

**Affidavit of Graduation for Graduates in the USA and US Territories (RN Candidates)**

This portion of the application must be completed by the Dean/Director of the Nursing Program **only**. The signature of other persons such as associate deans, program coordinators, or faculty members will not be accepted unless the Board has received official notification from the governing institution's administration that another registered nurse on the faculty has been given the authority to sign for the dean/director, the length of time that the signature authority is valid, and a sample of the authorized person's signature.

This affidavit verifies that the applicant named below successfully completed all requirements for completion of graduation from an approved professional nursing program. **Please note, this portion of the application cannot be signed prior to the date of completion or graduation date.**

Pursuant to Rule 214.6 (i)(3), I hereby certify that:

I hereby verify \_\_\_\_\_  
First Name Middle Name/Maiden Name Last Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ entered the \_\_\_\_\_  
Name of School of Nursing

located in \_\_\_\_\_ on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

NCSBN Program Code: \_\_\_\_\_ - \_\_\_\_\_

Was this program conducted in English?       YES       NO

The applicant received:

- Diploma in Nursing       Associate Degree       Baccalaureate Degree       Masters Degree  
 Has met BSN requirements en route to MSN       Has met requirements for repeating a nursing program

**NOTE: DEAN/DIRECTOR MUST SIGN THE AFFIDAVIT OF GRADUATION AFTER THE APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR GRADUATION.**

I am the Dean/Director for the program listed above and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(l) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

(School Seal)      Name of Dean/Director \_\_\_\_\_

Signature of Dean/Director \_\_\_\_\_

Contact phone number/email address \_\_\_\_\_  
(For schools outside the state of Texas)