



Application for Re-enrollment to an ADN Program course

Please return the completed application to your Academic Advisor within ten (10) days of the last day of class/clinical attendance in the ADN Program.

NOTE: Readmission is not guaranteed and based on space availability.

Personal Information:

Name: _____
Last First M.I. Maiden

Academic Advisor: _____

Check the course(s) below in which you are requesting consideration to re-enroll:

<input type="checkbox"/>	Nursing 101	<input type="checkbox"/>	Nursing 201
<input type="checkbox"/>	Nursing 111	<input type="checkbox"/>	Nursing 212
<input type="checkbox"/>	Nursing 121	<input type="checkbox"/>	Nursing 231
<input type="checkbox"/>	Nursing 131	<input type="checkbox"/>	Nursing 241

List semester and year of desired return: _____

Check the reason:

<input type="checkbox"/>	Failure to Progress, one (1) Course	<input type="checkbox"/>
<input type="checkbox"/>	Dismissal from the Program after failure to progress, two (2) Courses	<input type="checkbox"/>

On a separate sheet of paper, attach a written action plan for future success, identifying areas of weakness and strategies for improvement (it is recommended that students share the written action plan with their Academic Advisor for feedback prior to submitting).

I certify this information to be true and accurate.

Signature: _____ Date: _____