



## 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:

Nursing 101	Nursing 203
Nursing 111	Nursing 212
Nursing 121	Nursing 231
Nursing 131	Nursing 241
Nursing 202	

List semester and year of desired return: \_\_\_\_\_

Check the reason:

Failure to Progress, one (1) Course	
Dismissal from the Program after failure to progress, two (2) Courses	

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: \_\_\_\_\_