

Date Received: _____
Date Student Notified of Receipt: _____
Date of ARR Committee Review: _____
Date Student Notified of ARR Decision: _____



Letter of Intent to Re-enter Nursing Program

- Step 1. Student Reads Re-entry Policy
- Step 2. Student completes Letter of Intent to Re-enter form
- Step 3. Student meets with advisor to review form and obtain signature
- Step 4. Nursing advisor retains copy and sends original to Department of Nursing ARR Committee Chair

Student Name: _____ **Student ID No.:** _____

Mailing Address: _____

Home Phone No.: _____ **Cell Phone No.:** _____

Personal E-mail: _____ **MGSC E-mail:** _____

Academic Advisor: _____

Address the following:

<p>1. Which nursing course(s) did you withdraw from or were unsuccessful in:</p> <p>Course Withdrawal NURS _____ Semester/Yr _____ Course Failure NURS _____ Semester/Yr _____</p>
<p>2. Reflect upon the circumstance(s) that contributed to the nursing course failure or withdrawal. <i>(may add attachments if necessary)</i></p>
<p>3. Identify the steps that have been or will be taken to remedy the issues related to the course failure or withdrawal. <i>(may add attachments if necessary)</i></p>

4. Which semester and calendar year do you want to re-enter and which nursing course(s) will you be enrolled in if re-admitted into the program?

Semester/Yr _____ Course _____
 Course _____
 Course _____

Semester/Yr _____ Course _____
 Course _____
 Course _____

Semester/Yr _____ Course _____
 Course _____
 Course _____

Semester/Yr _____ Course _____
 Course _____
 Course _____

Advisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

ARR Chair: Approval ____ **Disapproval** ____

Department Chair: Approval ____ **Disapproval** ____