

For Office Use Only:

Date of Faculty Interview: _____

Readmission Status: _____ Approved: _____ Denied: _____ Date: _____

Re-entry Date if Approved: _____

Re-entry Course if Approved: _____

Authorized Signatures: _____

Georgia Northwestern Technical College
Department of Nursing
Application for Readmission

Readmission is based on space availability and satisfactory evidence of potential for success

Student Name _____ Date _____

Address

Phone Number _____ Student ID #: _____

Program: _____ LPN _____ ADN 1st Year _____ ADN 2nd Year

Desired Re-entry _____

1. In your view, what circumstances contributed to you being unable to progress in the nursing program?

2. What steps have you taken to correct the circumstances surrounding your non-progression in the nursing program?

3. If readmitted, what are your plans to ensure your success for the remainder of the nursing program?

Comments:

My signature acknowledges my understanding that readmission to the Department of Nursing is contingent upon satisfactory evidence of potential for success and in no way obligates Georgia Northwestern Technical College to readmit me to the Department of Nursing. I further state that all information is complete and true to the best of my knowledge. I understand that any falsification of the information contained is grounds for my immediate dismissal if I am granted readmission. I also understand and accept that my readmission date is based on space availability and may not necessarily be in the next offered class.

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____