

Lincoln Memorial University
Department of Nursing

Application for Readmission

Date _____ Student ID# _____
Name _____ Telephone (Home) _____
Address _____ Cell phone _____
_____ E-mail _____

1. Readmission requested for Fall _____ Spring _____ Summer _____ Year _____

2. Course to which readmission is sought: (Check one)

- NURS 115 NURS 241 NURS 246
 NURS 125 NURS 242
 NURS 126 NURS 245

3. LMU campus last attended: (Check one)

- Harrogate Knoxville
 Corbin Blount County

4. Reason(s) for this request:

5. Extenuating circumstances affecting performance in last nursing course attempted:

6. Signature of Student _____

Do not write below this line

Committee decision _____

Date _____

Committee Member's Signature

Notification sent to student _____

Program Director's Signature/Date

Please return to: Lincoln Memorial University, Caylor School of Nursing P.O. Box 2017
Harrogate, TN 37752

