

## Application for Readmission - ASN

Print Name \_\_\_\_\_  
Last First Middle  
Date of Birth \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Number and Street City State Zip Code  
Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

Readmissions requested for: (*choose one*) Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

**Location previously attended:**

☐ Corbin ☐ Harrogate ☐ Tampa ☐ Cedar Bluff

**Course to which readmission is sought:** (*check one*)

☐ NURS 115 ☐ NURS 125 ☐ NURS 241 ☐ NURS 244 ☐ NURS 246  
☐ NURS 124 ☐ NURS 126 ☐ NURS 242 ☐ NURS 245

**Location applying for:** (*check one*)

☐ Corbin ☐ Harrogate ☐ Tampa ☐ Cedar Bluff

**Reason(s) for this request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extenuating circumstances affecting performance in last nursing courses attempted:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Caylor School of Nursing use only:		
Committee decision: <b>APPROVED</b> <b>DENIED</b>		Date: _____
Committee Member's Signature _____	Program Director's Signature _____	Date _____
Notification sent to student: _____		

Email completed application to: [tonya.lee02@LMUnet.edu](mailto:tonya.lee02@LMUnet.edu) OR Mail completed application to:  
**LMU Caylor School of Nursing 6965 Cumberland Gap Parkway Harrogate, Tennessee 37752**