

Application for Readmission - BSN

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 presently attending: ☐ Cedar Bluff ☐ Chattanooga ☐ Harrogate ☐ Lexington ☐ Tampa

Course to which readmission is sought:

1st Semester

2nd Semester

3rd Semester

4th Semester

☐ NURS 320

☐ NURS 310

☐ NURS 415

☐ NURS 435

☐ NURS 330

☐ NURS 360

☐ NURS 425

☐ NURS 460

☐ NURS 340

☐ NURS 375

☐ NURS 430

☐ NURS 470

☐ NURS 350

☐ NURS 480

Location applying for: (check one) ☐ Cedar Bluff ☐ Chattanooga ☐ Harrogate

Reason(s) for this request: ☐ Lexington ☐ Tampa

Extenuating circumstances affecting performance in last nursing courses attempted:

Student Signature _____ Date _____

For Caylor School of Nursing use only:

Committee decision: **APPROVED** **DENIED**

Date: _____

Committee Member's Signature

Program Director's Signature

Date

Notification sent to student: _____

Email completed application to: tonya.lee02@LMUnet.edu, or Mail completed application to:
LMU Caylor School of Nursing 6965 Cumberland Gap Parkway Harrogate, Tennessee 37752