

Application for Readmission
MSN – FNP and FPMHNP

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 _____

Course to which readmission is sought:

NURS 500 NURS 520 NURS 580 NURS 510 NURS 530 NURS 590

Location applying for: (check one) Cedar Bluff Harrogate Kingsport

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: **APPROVED** **DENIED** Date: _____

Committee Member's Signature

Program Director's Signature

Date

Notification sent to student: _____

Mail completed application to:

LMU Caylor School of Nursing 6965 Cumberland Gap Parkway Harrogate, Tennessee 37752