

## Application for Readmission – BSN to ASN

Print Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street City State Zip Code

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Location previously attended:

Tampa, FL  Harrogate, TN  Cedar Bluff - Knoxville, TN  LMU Tower - Knoxville, TN

### Location applying for: (check one)

Tampa, FL  Corbin, KY  Blount - Alcoa, TN  Harrogate, TN  LMU Tower - Knoxville, TN

### Reason(s) for this request:

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

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

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

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

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

### Submit one of two ways:

- Attach the completed form to an email and send to [tonya.lee02@LMUnet.edu](mailto:tonya.lee02@LMUnet.edu) (TN, KY location) or [ines.starkey@LMUnet.edu](mailto:ines.starkey@LMUnet.edu) (FL location)
- Mail completed application to: **LMU Caylor School of Nursing, 6965 Cumberland Gap Parkway, Harrogate, TN 37752** (TN, KY) or **LMU Caylor School of Nursing, 3102 E. 138<sup>th</sup> Avenue, Tampa, FL 33612** (FL)