

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 Florida Harrogate LMU Tower

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 Florida Harrogate LMU Tower

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

Or Email to: nursing@lmunet.edu