

Application for Readmission - BSN

Print Name			
Last	First		Middle
Date of BirthS	tudent ID Number:		
Home Address			
Number and Street	City	State	Zip Code
Геlephone Number	Cell Phone Numb	oer	
Email			
Readmissions requested for: (choose one) F	all 20 Spring 20	Summ	ner 20
Location presently attending: ☐ Cedar Bl	luff □Florida	□Harrogate	□LMU Tower
Course to which readmission is sought:			
□NURS 320 □NURS 310 □NURS 330 □NURS 360 □NURS 340 □NURS 375 □NURS 350 Location applying for: (check one) □Cedar Reason(s) for this request: Extenuating circumstances affecting performa			
Student Signature		Date	
For Caylor	School of Nursing use	only:	
Committee decision: APPROVED DENIED	Da	te:	
Committee Member's Signature	Program Director'	's Signature	

Mail completed application to: Or email to: <u>Derek.Massengill@lmunet.edu</u>

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