

## Nursing Program

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street

City State ZIP Code  
Telephone (\_\_\_\_) \_\_\_\_\_

I am requesting readmission into the (circle one)

**1st 2nd 3rd 4th semester**

of the **Nursing Program**

for the \_\_\_\_ **Fall** \_\_\_\_ **Spring** **semester of 20**\_\_\_\_.  
Year

I am aware that readmission to the Nursing Program is based on available spaces in the desired semester. I am also aware that readmission may be based on a number of factors, including faculty recommendation on an Attrition Form, program grade point average and overall grade point average.

If you are readmitted to the Nursing Program, you will receive a phone call confirming your readmission. If you have any questions, you can contact the Nursing Coordinator at **(708) 974-5303**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return to: College Center, 1st Floor**  
**Records Department**