

DELGADO COMMUNITY COLLEGE-CHARITY SCHOOL OF NURSING

APPLICATION FOR READMISSION

RE-ENROLLMENT IS CONTINGENT ON SPACE AVAILABLE

Readmission application deadlines: Fall – March 1st Spring – September 1st Summer – December 1st

1-9 are to be completed by the student: (This form is a fillable PDF and MUST be TYPED and SIGNED)

1. Indicate program: PN RN
2. Indicate semester for readmission (Check One): Fall Spring Summer Year: _____
3. Student's Name: _____ LoLA#: _____
4. Address: _____

Number	Street	City	State	Zip Code
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5. Primary Phone #: _____ Alternate Phone #: _____
6. Personal Email: _____ DCC Email: _____
7. Last Semester Enrolled: _____ Level Re-Entering: _____
8. Have you applied to Delgado Community College for the semester to be re-admitted? Yes No
9. Have you attended another school of nursing or college since leaving Charity? Yes No

Student's Signature: _____ Date: _____

EMAIL THIS FORM TO CSNADMISSIONS@DCC.EDU

For Office Use Only:

- Does the applicant meet current admission requirements for re-entry? Yes No
- DCC Cumulative GPA: _____ Academic Standing at DCC last date of attendance: _____
- Is a DCC application required? Yes No Last Term attended: _____
- #of semesters since last attended: _____ Assigned Advisor: _____
- Level Entering: _____ Course(s) Needed: _____ Repeating or First enrollment
- Must attend: LSBN/Health Advising Program Advising New Student Orientation Course Orientation

Comments: _____

Completed by: _____ Date: _____

Approved by: _____ Date: _____