DELGADO COMMUNITY COLLEGE-CHARITY SCHOOL OF NURSING

APPLICATION FOR READMISSION

RE-ENROLLMENT IS CONTINGENT ON SPACE AVAILABLE

Readmission application deadlines: Fall – April 1st   Spring – September 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 ☐   Year: _____**

3. **Student's Name: _____   LoLA#: _____**

4. **Address: _____**
            Number   Street   City   State   Zip Code

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 _____   Denied _____   _____   Date: _____