

EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF BACCALAUREATE AND GRADUATE NURSING  
**Application for Readmission**

Student Section: To be completed by students seeking readmission. Please return fully completed documents to Rowlett 223 by June 1 for Fall semester and January 5 for Spring semester.

Name: \_\_\_\_\_ EKU  
ID#: \_\_\_\_\_

**ADDRESS TO WHICH NOTIFICATION OF DECISION LETTER IS TO BE SENT:**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Local/Campus

Admission is desired to \_\_\_\_\_ for \_\_\_\_\_ 20\_\_\_\_\_.  
(Course/Courses) (Semester) (Year)

All other courses listed in the curriculum to precede this course have been successfully completed:

Yes [  ] No [  ] If no, please explain:

Give reason why you must seek Readmission. Please check:

- \_\_\_\_\_ 1. Dropped a nursing or support course receiving a W.  
\_\_\_\_\_ 2. Final grade equivalent below 2.0 in any nursing or support course.  
\_\_\_\_\_ 3. Unsatisfactory evaluation in clinical.  
\_\_\_\_\_ 4. Dropped out of the nursing program for one or more semesters.

Your presence is not required when your application for readmission is reviewed by the committee. If you choose to appeal the committee's decision, your presence is recommended at the committee meeting.

**The following items must be included with your application for it to be complete. (Only complete applications will be considered.)**

1. Copy of **most recent CARES Report**.
2. Explanation of why the committee should act favorably on your readmission. (Use the back of this page and/or attach additional sheet if necessary.)
3. List courses you are taking this summer/semester.

Signature \_\_\_\_\_

Date \_\_\_\_\_