



**BSN Admission/Progression/Advising Committee use only:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Denial Reasons:

Inadequate Plan of Action  Re-entry policy upheld

Insufficient exception to policy  Availability of seats

Committee Chair signature: \_\_\_\_\_

**Application Fee (\$35)**

**Pay at the Cashier's Office**

Account 11-01-187602-41003

Receipt # \_\_\_\_\_

Date \_\_\_\_\_ Cashier's Initials \_\_\_\_\_

### PROGRAM RE-ENTRY APPLICATION

*Previously admitted students who have left the program must follow the Re-Entry Policy.*

*See your academic advisor and the NHS Student Handbook for assistance.*

\_\_\_\_\_ Pre-Licensure Track \_\_\_\_\_ LPN to BSN Track \_\_\_\_\_ RN to BSN Track

**Applying for:**

**See NHS website for application window dates.**

Fall Semester Admission \_\_\_\_\_ (Year)

Spring Semester Admission \_\_\_\_\_ (Year)

***Incomplete applications will NOT be processed***

#### PERSONAL INFORMATION

Last Name		First Name		Middle Name		Prior Name	
Permanent Address (Street, Apt #)				City, State, Zip			
Local Mailing Address (if different from above)				City, State, Zip			
Primary Phone		Secondary Phone		LCSC Student I.D. Number		Alternate E-mail	
LCMail E-mail Address							

List the last semester you were enrolled in nursing classes: \_\_\_\_\_

Last cohort level (J1, J2, S1, or S2): \_\_\_\_\_ Have you applied for re-entry in the past? Yes \_\_\_ No \_\_\_

Pre-licensure students are not eligible for re-entry if they have been separated from the program for more than 2 semesters. If this is the case, (3 semesters or more of separation), the student must apply via NursingCAS.org to be considered for admission and re-start the program in entirety.

#### Checklist of required attachments:

- Course Request form for each failed course
- Clinical Compliance Document
- Narrative Plan of Action
- Internal NHS Petition form (needed if applying for immediate re-entry)
- Advisor's signature on required forms

*I understand that if admitted, I must renew and comply with all current clinical requirements and deadlines for the new cohort to which I am applying. This includes but is not limited to immunizations, background check, health insurance, handbook declaration, and fit-test. Signature \_\_\_\_\_ Date \_\_\_\_\_*

Submit application with other materials as a packet; requirements are detailed in the NHS Student Handbook on the Student Resources page on the NHS Division website [www.lcsc.edu/nursing](http://www.lcsc.edu/nursing).