

BSN Admission/Progression/Advising Committee use only:					
Approved	Denied	Date			
Denial Reasons:					
Inadequate Plan of ActionRe-entry policy upheld					
Insufficient exception to policyAvailability of seats					
Committee Cha	ir signature:				

Application Fee (\$35) Pay at the Cashier's Office Account 11-01-187602-41003				
Receipt #				
Date Cashier's Initials				

Updated: 11/3/23 CC/TP

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.

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 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 me than 2 semesters. If this is the case, (3 semesters or more of separation), the student must apply via Nursing CAS.org to be considered for admission and re-start the program in entirety. Checklist of required attachments: Course Request form for each failed course Cilinical Compliance Document			A makida a faw		
Spring Semester Admission					
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City, State, Zip	Last Name	First Name	Middle Name	Prior Name	
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I understand that if admitted, I must renew and comply with all current clinical requirements and deadli	Course Request form for each Clinical Compliance Documer Narrative Plan of Action Internal NHS Petition form (n	h failed course nt needed if applying for ir	mmediate re-entry)		
the new cohort to which I am applying. This includes but is not limited to immunizations, background cha health insurance, handbook declaration, and fit-test. Signature	the new cohort to which I am	applying. This includ	des but is not limited to imm	unizations, background check,	

Student Resources page on the NHS Division website www.lcsc.edu/nursing.