Brightpoint Community College Nursing Program

Application for Readmission

Instructions

Please refer to the current Nursing Student Handbook for the policies related to returning to the nursing program. Students will be readmitted based on the policies and space availability.

If you are eligible to return, please complete the information requested and send a copy via email to Victoria McDaniel (vmcdaniel@brightpoint.edu) and the course coordinator.

APPLICANT INFORMATION				
Last Name	First Name		MI	Date
Street Address			Apt #	
City	State	Zip	County/ City of Residence	
Primary Phone #		Student ID#		
VCCS Email address				

Track Requested ____Traditional ____Hybrid	Semester Requested Fall _____(year) Spring_____(year)	Course Requested		
*Students must reapply to the track in which they were initially accepted. **Requests are only good for the semester following the date identified at the bottom of the form		_____NSG 100 _____NSG 106 _____NSG 130 _____NSG 200 _____NSG 152 _____NSG 170		_____NSG 210 _____NSG 211 _____NSG 230 _____NSG 252 _____NSG 270 ____ PNE Course

Reason for need to repeat the course:

____Stopped out of the program sequence due to personal reasons

____Dropped the course within the drop period

____Withdrew from the course and earned a W

____Was unsuccessful in the course -- earned a D

____Was unsuccessful in the course -- earned a D due to clinical failure

____Was unsuccessful in the course – earned an F

I certify that I have read the policies for readmission in the Nursing Student Handbook and am aware that readmission is not guaranteed. Students are subject to the same criteria for screening as when initially admitted and must submit to a repeated background check and drug screen prior to readmission.

Signature   *Date*