

**STCOUNTY COLLEGE OF MORRIS
APPLICATION FOR REINSTATEMENT
INTO THE NURSING PROGRAM**

1. I wish to be considered for reinstatement into:

<input type="checkbox"/> NUR 121: Fundamentals of Nursing	<input type="checkbox"/> Fall
<input type="checkbox"/> NUR 123: Basic Medical/Surgical Nursing	<input type="checkbox"/> Spring
<input type="checkbox"/> NUR 213: Maternal-Child/Mental Health Nursing	
<input type="checkbox"/> NUR 214: Advanced Medical/Surgical Nursing	Year 20_____

2. Were you academically dismissed from the college? (Check one) YES NO

3. If answer to #2 is yes, have you applied for re-admittance to the college? (Check one) YES NO

4. Was your reason for withdrawing from Nursing other than academic failure? (Check one) YES NO

If yes, briefly state the reason (optional): _____

5. Have you applied for reinstatement before? If so, when? _____

6. Please complete the following questions:
What factors contributed to hindering your success in the previous semester? _____

What *specific* changes will you make to be more successful next semester? _____

Faculty input:

I understand that reinstatement to the Nursing Program is limited to "Space Availability." A student can be reinstated into the Nursing Program one time only. Please refer to the student handbook and course syllabus for specific guidelines. All Science courses must be less than 7 years old for all students applying for reinstatement.

Name: _____

Address: _____

Phone: _____

Student I.D. #: _____

Signature: _____ Date: _____

This form must be returned to the Nursing Department at NursingDepartment@ccm.edu by **December 20th** for the Spring Semester or **May 20th** for the Fall Semester. A letter stating the decision of the Nursing Department will be emailed to the student's email address immediately prior to the beginning of the semester requested.

NOTE: All students must meet with, and have form signed by a Nursing Faculty Advisor before submitting this application.

Student eligible for reinstatement (Y/N): _____

Advisor Signature: _____ Date: _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE REINSTATEMENT