

**Henderson Community College
Associate Degree Nursing
Readmission Application**

Re-Admit Applicant Information

Student Name:

Student ID #:

Student Address:

Student Phone #:

Program:

COMMUNITY COLLEGE SYSTEM RULES, Sec. IV, Pg. 33, 2.30, Re-Admission

1. A student who withdraws from or earns lower than a grade of C in a nursing course will be dropped from the Nursing Program.
2. Applicants who wish to apply for re-admission should do so prior to March 1 if planning to enroll for the subsequent Fall semester in Nursing I or by July 1 if planning to enroll for the subsequent Spring semester in Nursing I. Otherwise applicants should apply at least two months prior to expected date of enrollment.
3. Re-admission to the Nursing Program will be dependent upon available resources.
4. Meet current guidelines for admission.
5. If more than 3 years have elapsed since initial enrollment in any registered Nursing Program, an applicant must repeat all nursing courses.
6. A student may be re-admitted to the Nursing Program one time. The Nursing Admissions Committee may recommend re-admission a second time if a student furnishes sufficient evidence of remedial study, additional preparation or resolution of factors contributing to unsuccessful course completion.
7. Students seeking readmission to NSG 210, 220 or 230 (and relative practicing corresponding courses) will be required to establish retained competency and the student be required to take the previous Medical-Surgical course Comprehensive Final Exam and earn at least a 78%.
8. Students may be required to readmit into the program beginning with the first nursing course (NSG 101). When this occurs, the student must take all nursing courses in succession, regardless of past success.
9. When a student readmits into courses (with the exception of NSG 225 or NSG 213), but is not required to restart in NSG 101, they will only be required to retake the course in which they were unsuccessful. If a student is not successful in NSG 225 and / or NSG 213, the student must also retake NSG 230, regardless of past success in the course.

Please respond to the following questions below:

- 1. Have you ever been re-admitted to this or any nursing / allied health program before?**

Yes No

**Henderson Community College
Associate Degree Nursing
Readmission Application**

2. If “yes,” list the name of the program and the name of the college or university.

3. How many times have you been re-admitted to a nursing/ allied health program before?

- None Once Twice Three times or more

4. If you marked any box other than “none” on the previous page, please specify the name of the program and the college or university for each occasion you were readmitted.

Date(s): _____

Name of program(s): _____

Location(s): _____

5. Are you currently working? Yes No

If yes, how many hours per week are you currently working?

- 1-6 6-12 12-18 18-30 30-40

6. If readmitted, how many hours per week will you be working? _____

7. In the space provided, describe why you were unable to complete the program. Be specific and share only relevant details.

**Henderson Community College
Associate Degree Nursing
Readmission Application**

8. In the space provided, describe all changes you've made and steps you've taken to ensure your success should you be readmitted.

9. I certify that all the information provided above is accurate and true.

(Readmission applicant signature)

(Date)

(Empl ID #)

**Henderson Community College
Associate Degree Nursing
Readmission Application**

10. References: You will need the endorsements of two nursing faculty in whose classes you were enrolled when you were last in the Nursing Program. One must be theory and the other may be theory or clinical. Please give this page to the Nursing faculty member to complete. The faculty member should return it to the Coordinator of the Nursing Program.

11. Nursing Faculty #1 Name: _____

Program and institution: _____

Student's name: _____

12. Check one of the following: I recommend _____

be readmitted to the _____ program beginning _____ term with no stipulations

be readmitted to the _____ program beginning _____ term with stipulations listed

below not be readmitted at this time.

Use this space to provide additional information not listed above and any stipulations you deem necessary:

13. This page has been verified for its accuracy and receives my full endorsement

(Nurse Faculty #1 Signature)

(Date)

**Henderson Community College
Associate Degree Nursing
Readmission Application**

14. Nursing Faculty #2 Name: _____

Program and institution: _____

Student's name: _____

15. Check one of the following: I recommend _____ . . .

- be readmitted to the _____ program beginning _____ term with no stipulations
- be readmitted to the _____ program beginning _____ term with stipulations listed
- below not be readmitted at this time.

Use this space to provide additional information not listed above and any stipulations you deem necessary:

16. This page has been verified for accuracy and receives my full endorsement.

(Nurse Faculty #2 Signature)

(Date)

**HCC AD Nursing Program
HCC Practical Nursing Program**

17. Date this form received by Nursing Department: _____

18. Date and action of Nursing Admissions Committee: _____

19. Signature of Chair Nursing Admission Committee: _____