

## Application for Readmission – BSN to ASN

Print Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street City State Zip Code

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Readmission requested for: (choose one) Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

### Location previously attended:

Egft "Dnwh"  Chattanooga"  Harrogate  Lexington  Tampa  Tower

### Location applying for: (check one)

Corbin  Harrogate  Tampa  Tower

### Reason(s) for this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Extenuating circumstances affecting performance in last nursing courses attempted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Caylor School of Nursing use only:*

Committee decision: **APPROVED** **DENIED**

Date: \_\_\_\_\_

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

Notification sent to student: \_\_\_\_\_

Email completed application to: [Tonya.lee02@LMUnet.edu](mailto:Tonya.lee02@LMUnet.edu), or Mail completed application to:  
LMU Caylor School of Nursing 6965 Cumberland Gap Parkway Harrogate, TN 37752.