

## **Application for Readmission - ASN**

Print Name			
Last First		Middle	
Date of BirthStud	dent ID Number:		
Home Address			
Number and Street	City	State	Zip Code
Telephone Number	Cell Phone Number	er	
Email			
Readmissions requested for: (choose one) Fall	20 Spring 20	Summ	er 20
Location previously attended:			
□Corbin □Harrogate □Tampa	$\square$ Tower		
Course to which readmission is sought: (check or	ne)		
□NURS 115 □NURS 125 □NURS 124 □NURS 126	□NURS 241 □NURS 242	□NURS 244 □NURS 245	□NURS 246
<b>Location applying for:</b> (check one)  □ Corbin □ Harrogate □ Tampa	□Tower		
Reason(s) for this request:			
Extenuating circumstances affecting performance	ce in last nursing cou	rses attempted:	
Student Signature		Date	
For Caylor Sc Committee decision: <b>APPROVED DENIED</b>	hool of Nursing use or Date	nly: ::	
Committee Member's Signature	Program Director's	Signature	Date
Notification sent to student:			

Email completed application to: <u>tonya.lee02@LMUnet.edu</u> OR Mail completed application to: **LMU Caylor School of Nursing 6965 Cumberland Gap Parkway Harrogate, Tennessee 37752**