

**Request for Re-entry into the PN Program**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Courses:

|  |  |  |
| --- | --- | --- |
| **Course** | **Term** | **Grade** |
| PNE 135 |  |  |
| PNE 145 |  |  |
| PNE 158 |  |  |
| PNE 161 |  |  |
| PNE 162 |  |  |
| PNE 163 |  |  |
| PNE 173 |  |  |
| PNE 174 |  |  |

Please answer the following questions. Answers should be typed on a separate sheet of paper.

1. Why did you leave the program or class?

2. How have you grown since leaving or what do you think will make you successful if you are able to continue?

3. If there were issues in clinical, please describe them and how you will overcome them if accepted.

Two faculty recommendations: faculty may email to cbarrett@dcc.vccs.edu.

Current GPA: \_\_\_\_\_\_\_\_\_\_\_ Term seeking readmission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the Program Progression policy as listed in the Danville Community College Nursing Handbook, and understand that my grade of “W”, “D”, or “F” in a nursing course now causes the loss of an upcoming course space for which I had been pre-assigned. Current or new students have priority over re-entry students for available spaces in nursing courses. I understand that I will be contacted by the Nursing Department when a space becomes available for the above term.

Please return this form to the Nursing Department with a copy of your transcript.

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