**University of Southern Indiana**

**College of Nursing and Health Professions**

**ASN-BSN Program**

**Request for readmission to the USI ASN-BSN Program**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USI email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course failure: Year \_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_

Course: Subject/course number/section number (ex. NURS 327.AO1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request readmission**

Semester \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term 1 or Term 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain factors that contributed to the course failure and your plans for future success

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

**Email the form to Julie St. Clair, Chair of Undergraduate Nursing Admissions and Progressions Committee at** **jstclair@usi.edu****.**