COLLEGE OF NURSING AND HEALTH SCIENCES RE-ENTRY APPLICATION

COMPLETED APPLICATIONS SHOULD BE RETURNED TO:

THE UNIVERSITY OF VERMONT
COLLEGE OF NURSING AND HEALTH SCIENCES
OFFICE OF STUDENT SERVICES
106 CARRIGAN DRIVE, 002 ROWELL BUILDING
BURLINGTON, VT 05405-0156

To be completed by students who wish to be considered for readmission to the College of Nursing and Health Sciences following a formal leave of absence or students who have repeated or completed

courses or remedial work as required before continuing the sequence of courses in the curriculum.

If you have taken classes since leaving UVM, please have an official transcript sent to: Registrar's Office, 360 Waterman, Burlington, VT 05405

Students who were formally dismissed from the program or who voluntarily withdrew from a program must apply to the department as an internal transfer student.

Please note permission to r			
Date	re Student ID:		
Name:Last	Fin	st	
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Local Address:			
Phone:	E-mail:		
Permanent Address:			
Phone:	Major:		
Semester/Year Applying for	 		
I give the College of Nursin	g and Health Sciences pe	rmission to review my univ	ersity record.
Date:	Signature:		
	For office u	se only	
Approved Deferred	DeniedAdm	nit to 1 st Year 2 nd Yea	r 3 rd Year
Advisor:			
Chair's Signature		Da	ate: