

Application for Readmission - RN

Class applying For:
Jan. _____ Aug. _____
(Oct.15) (Mar. 15)

Charity School of Nursing
Delgado Community College

RE-ENROLLMENT CONTINGENT ON SPACE AVAILABLE

Student's Name _____ CWID _____
Last Name First Name Middle Initial Student ID Number

Address: _____
Number Street City State Zip Code

Primary Telephone #: _____ Alternate/Cell Telephone #: _____

Email: _____ Date of Withdrawal: _____

Answer the following questions:

1. Have you applied to Delgado Community College for the semester to be readmitted? Yes _____ No _____
2. Have you attended another school of nursing or college since leaving Charity? Yes _____ No _____

If yes, where? _____

Student's Signature: _____ Date: _____

Deliver in person or mail this form to: Delgado Community College
Charity School of Nursing
450 South Claiborne Avenue, Room 613C
New Orleans, Louisiana 70112

Records -- For Office Use Only

- Does the applicant meet current admission requirements for re-entry? Yes _____ No _____
- Standing in school at time of withdrawal: _____
Term GPA _____ Nsg. Cum GPA _____
- Is a DCC application required? Yes _____ No _____
- LSBN Application – Approval to enroll in a Clinical Nursing Course submitted to Dean's Office by:

Comments: _____

Signature of Assistant Registrar

Date
Revised 10/2008