

**EAST CENTRAL UNIVERSITY - DEPARTMENT OF NURSING
APPLICATION FOR RE-ADMISSION TO THE NURSING PROGRAM**

(Directions: All blanks must be filled in. Information on this form and on additional pages, must be **TYPED** or computer generated on computerized form. Applications are due in the nursing office, **Ada Campus** by **the Wednesday after finals**. Note: Please submit your application as soon as possible. You can always cancel your application at a later date.

I. Personal Data:

Name: _____ SS# _____ ID# _____

Address: _____
Number/Street City State Zip

Phone: Home: (_____) _____ : Cell: (_____) _____

E-mail: _____

II. Semester applying for Readmission to the Nursing Program:

Fall: _____ (Year) Spring: _____ (Year) Most Recent GPA: _____

III. Nursing Course(s) to which Student is Requesting Re-admission:

NRSG _____ (Title) _____ NRSG _____ (Title) _____

IV. List and discuss the reason(s) for failure or withdrawal from previous nursing course(s):
(Attach additional pages if required)

V. Describe the steps taken to ensure that the underlying problems discussed in #IV (above) have been resolved : (Attach additional pages if required)

VI. Describe the steps the student will employ in future nursing courses so that the same problems will not reoccur: (Attach additional pages if required)

- VII. Select **ONE** (1) Preference for Meeting Currency of Knowledge:
- Option One** (Self-Study and Examination)
- Option Two** (Independent Study and Examination)

VIII. **Schedule nursing skills examination: Date:** _____

IX. Verification of accuracy of information: (Read and sign)

I hereby verify that the above information is true and accurate in every detail. I understand that withholding information or providing false information will lead to rejection of the application and dismissal from the program. I hereby grant my permission to the ECU Department of Nursing to verify any of the information contained on this application.

I also agree to complete all the elements for the Currency of Knowledge Process including successful completion of examinations and successful demonstration of mastery of nursing skills by a skills test and completion of practice requirements. I understand that failure to successfully complete any of the elements in the Currency of Knowledge and Re-Admission Processes as outlined in the *Nursing Student Handbook*, will result in rejection of the application for re-admission and dismissal from the program.

I understand that my re-admission to the Nursing Program is also dependent on the availability of space in classroom and/or clinical rotations, and that successful completion of the Currency of Knowledge Process does NOT guarantee re-admission to the program.

Signature of Student

Date of Application

Mail Completed Form To:
Chair, Department of Nursing
East Central University
1100 E 14th St.
Ada, OK, 74820

For Office Use Only: *(To be completed by the Chair, SARP Committee)*

<p>Date Application Received In Office: _____</p> <p>Application Complete: Yes No</p> <p>Currency of Knowledge Successfully Completed: Date(s): _____</p> <p> Option Selected: (<i>Check one</i>) Option One Option Two</p> <p>Metrology Exam Passed: Date: _____</p> <p>Skills Test(s) Successfully Completed: Date(s) _____</p> <p>Student Approved for Re-Admission to the Nursing Program: Yes No</p> <p>_____</p> <p>Chair, Student Admissions, Retention and Progression Committee</p>
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