Application Deadline: April 1st

Application for RE-ADMISSION to
UNIVERSITY OF MOBILE SCHOOL OF NURSING

Please specify: ADN _____ BSN _____

(Readmission to a clinical nursing course is made on a space available basis).

This is a confidential application, and the information herein will be shared only with personnel authorized to use it. Upon completion of this application, sign and return it to: ***University of Mobile School of Nursing, 5735 College Parkway, Mobile, AL 36613***

Personal Data:

Semester, Year Applying For:_____

Social Security Number:_____

Course that you are requesting to enter: _____

Legal Name: (Last)_____ (First)_____ (Middle)_____ (Maiden)_____

Phone Number(s):_____ / _____ Email Address: _____

Mailing Address:_____

City, State, Zip:_____

Optional Information:

Age:_____

Ethnic Background:
- ❍ Native American
- ❍ African American, Black
- ❍ European American, Caucasian, White
- ❍ Hispanic American, Latina, Chicana
- ❍ Asian American, Pacific Islander
- ❍ Other (Please Specify):_____

Educational Background:

What semester and year did you leave the nursing program? Semester_____ Year_____

Why did you leave the nursing program?

_____ Unsuccessful in a nursing course(s).

_____ Unsuccessful in required non-nursing course(s).

_____ Other (Explain)

What nursing courses (clinical and/or non-clinical) have you completed at the University of Mobile? (Include dates – semester/year)

_____

_____

What nursing courses (clinical and/or non-clinical) have you been unsuccessful in at the University of Mobile? (Include dates – semester/year)

_____

_____

Have you repeated any of the nursing courses that you were unsuccessful in? Yes _____ No _____

If yes, please specify the course(s) including semester and year taken.

_____

_____

Please complete reverse side.

Have you taken any nursing courses at another school of nursing? Yes _____ No _____

If yes, please specify the course(s) including semester and year taken.

_____

_____

Were you unsuccessful in any of the nursing courses taken at another school of nursing? Yes _____ No _____

If yes, please specify the course(s) including semester and year taken.

_____

_____

Have you been enrolled in any non-nursing courses while you have been out of clinical nursing? Yes _____ No_____

If yes, please specify course(s) taken and where you took the course(s). Include the semester and year you took the course(s).

_____

_____

What course(s) are you requesting to repeat or return to?_____

What is your current GPA? _____

I certify that I am willing to furnish the School of Nursing a completed medical history and physical examination on appropriate forms prior to beginning clinical nursing. I also am willing to provide evidence of specific immunizations prior to that time. I further certify that I have no known physical or emotional handicaps that would interfere with my ability to fulfill the expectations for the nursing professional nor have I ever been convicted of a criminal offense. Application for admission to the School of Nursing and to write the licensure examination may be denied based on conviction of criminal offenses. I hereby grant permission for the necessary records to determine my admission status to be released to the School of Nursing. I UNDERSTAND THAT ALL APPLICANTS MUST MEET THE CURRENT REQUIREMENTS FOR ADMISSION REGARDLESS OF THE DATE THE STUDENT WAS ADMITTED TO THE UNIVERSITY OF MOBILE.

Signature:_____ Date:_____

All transcripts and admission information must be received in the Admissions Office by June 2nd

10-31-07