## Marion Technical College Petition for Readmission to the Nursing Program

Name	SS#	
Address	City/State/Zip Code	
Date of Birth	Phone Number	
E-mail	Last Successful Nursing Co	urse/Year
prior successful Nursing Course wi hour. Students failing or withdray approved for readmission will re-en	n Nursing must demonstrate retention that NUR 2990 Individual Investigation wing from NUR 1400 will repeat the onter under the curriculum that is in equal to the curriculum that is in equal that is in equal to the curriculum that is in equal to the curriculum t	tion for a minimum of one credit entire course. Students who are ffect at the time of re-admission.
I wish to re-enter the Nursing sequ	uence: Term	Year
Briefly explain the circumstances	and possible reasons that led to you	r failure or withdrawal:
Nursing Program. Include what	nation of why you would be success t has changed in your life from wh king, and if/where you are working in	nen you were previously in the
If you have questions regarding the Technologies Center Administration	he Nursing Readmission policy, please ve Assistant at 740.386.4180.	se contact the Health
e e	ee meets every term to review all require the Committee's decision regarding	
Signature: NUR shared/NU Readmission Position 7 14 20	Date:	
110 It shareu/110 Reaumission Felilion 7.14.20	1	