

This application will not be accepted if personal data, date, and signature are not complete.

**THE UNIVERSITY OF LOUISIANA AT MONROE
SCHOOL OF NURSING**

APPLICATION FOR RE-ADMISSION

I. PERSONAL DATA

Name: _____ First Middle Last (Married)	CAMPUS WIDE ID NUMBER
ADDRESS (IMPORTANT: THIS IS WHERE YOUR RE-ADMISSION DOCUMENTS WILL BE SENT)	Home Phone #: _____ Cell Phone #: _____ Email: _____

II. COURSES FOR WHICH YOU ARE REQUESTING RE-ADMISSION

ALL OF SEMESTER I

RN	LPN	NURS 204 ONLY	
NURS 220	NURS 202	NURS 205 ONLY	
		NURS 207 ONLY	
		NURS 216 ONLY	
		NURS 280 ONLY	

ALL OF SEMESTER II

LPN		NURS 304 ONLY	
NURS 307 ONLY		NURS 305 ONLY	
NURS 308 ONLY		NURS 306 ONLY	

ALL OF SEMESTER III

	NURS 332 ONLY
	NURS 334 ONLY
	NURS 430 ONLY

ALL OF SEMESTER IV

	NURS 403 ONLY
	NURS 404 ONLY
	NURS 405 ONLY

ALL OF SEMESTER V

RN		NURS 437 ONLY	
NURS 472		NURS 462 ONLY	
NURS 473		NURS 463 ONLY	
NURS 474		NURS 464 ONLY	
NURS 475		NURS 465 ONLY	

DATE: _____	SIGNATURE: _____
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