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**University of North Carolina Pembroke**  
**Department of Nursing**  
**Application for Readmission to BSN Program**

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This application is required of all students who seek readmission to the BSN program. The Department of Nursing will respond only to COMPLETE applications. Please fill out this form completely and return it to the Chair, Department of Nursing, The University of North Carolina at Pembroke, PO Box 1510, Pembroke, NC 28372-1510. For those applying for readmission in Spring semester, the application is due no later than September 1; and for those applying for readmission either Summer or Fall semester, the application is due no later than February 15. Department of Nursing phone number for questions is 910-521-6522.

*I am applying for readmission for the semester beginning* \_\_\_\_\_ *Banner ID#:* \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Full name when previously enrolled: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Indicate below who should be notified in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date (class) previously enrolled: \_\_\_\_\_

Nursing courses successfully completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course (s) you wish to re-take: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reasons for withdrawal from the Department of Nursing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons desiring readmission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps taken to enhance success on readmission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information provided on this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_