# GBSN READMISSION APPLICATION

Name in Full:_____
Last Name          First Name        MI       Maiden

Campus ID #: _____ E-mail Address: _____

Mailing Address: _____
City            State      Zip

Home Phone: _____      Alternate Phone: _____
Area code/number                            Area code/number

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**REASON FOR NON-PROGRESSION IN NURSING PROGRAM:**

☐ Grade (D or F) in Nursing Course    ☐ Below 2.0 GPA

☐ Transfer or Relocation           ☐ Other_____

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Requested Semester to Reenter the Nursing Program:     ☐ Fall      ☐ Spring

Nursing Course to Repeat _____ OR Reenter_____

Present GPA _____

Change in circumstances which will permit me to now achieve in the Nursing Program:

I, _____, have read the **Standards for Readmission** and understand that as a returning student in the Generic Bachelor of Science in Nursing Degree Program at Angelo State University, I am entitled to ONLY ONE REENTRY, which is dependent upon the recommendation of the Nursing Program Faculty review of my application. I understand I must meet all academic requirements. I further understand that I will NOT be allowed additional attempts to complete the Nursing Program should this effort be unsuccessful.

Signature_____ Date_____

08/11