

Practical Nursing Program Re-admission Request Form



Name: _____
Last First Middle

Current Address: _____
Street

City State ZIP

Phone: _____ **Cell:** _____

Directions: Complete this form and submit according to the directions in Re-admission section of the Practical Nursing handbook. Write or print legibly or type your responses.

1. When did you last attend ATC and the Practical Nursing program? Include semester and year.
2. List courses you were taking at that time.
3. What was your workload at that time? (hours per week and place of employment)
4. Were there any other contributing pressures? (health, family, personal) Describe briefly.

5. Provide a statement of reason(s) for leaving the nursing program –cite the major source of difficulty.

6. What has changed that you feel will make a difference and enable you to pass the required PN courses and graduate?

7. Which semester are you planning to return?

I have read and understand the current Practical Nursing Program Policies and Procedures. I understand that acceptance into the Practical Nursing program is contingent on availability of space.

I understand that submission of the Re-admission Form and additional documentation does not guarantee readmission to the Practical Nursing Program.

I understand if I am re-admitted to the PN program, it will be under the current program plan and I must meet the current prerequisites.

Signature of applicant

Date

Return to the PN Director

This information is available in alternative formats by calling (763) 576-4700. TTY users can call Minnesota Relay at 7-1-1 or (800) 627-3529. Anoka Technical College (763) 576-4700. 1355 West Highway 10, Anoka, MN 55303. A member of the Minnesota State Colleges and Universities System Anoka Technical College is an affirmative action, equal opportunity employer and educator.

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