Practical Nursing Program
Re-entry Request Form

Name: _____
Last First Middle

Current Address: _____
Street

_____
City State ZIP

Phone: _____ **Cell:**_____

Directions: Complete this form and submit according to the Practical Nursing Re-entry Policy and Procedure directives. (see attached). Write or print legibly or type your responses.

1. When did you last attend Anoka Technical College and the Practical Nursing program? Indicate semester and year.

2. List courses being taken at that time.

3. What was your employment status 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 has made a difference and will enable you to pass the required Practical Nursing courses and graduate?

7. Into which semester do you wish 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-entry Request Form and additional documentation does not guarantee re-entry to the Practical Nursing Program.

I understand that if I re-enter the Practical Nursing program, I will be following the current program plan and must meet the current prerequisites.

Signature of applicant Date

Must include most current Anoka Technical College transcript

Return to the Practical Nursing 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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