

Vocational Nursing Program
Petition to Re-enter Form

I _____ am petitioning to re-enter the Vocational Nursing Program term _____.
Petition to Re-enter Form

I understand that if I am allowed to re-enter the program I will need to improve in the following areas:

In addition, the following guidelines for a Petition to re-enter apply:

- A petition to re-enter must be requested in writing by the student.
- **Submit a Petition to re-enter form with a letter that outlines the circumstances and actions to improve.**
- A Petition to re-enter form must be turned in **within 10 business days** of withdrawal to be considered for re-entry.
- Students making tuition payments for courses must continue to do so and be in good standing with the financial department to be considered for re-entry.
- That additional fees (e.g., book, online programs, etc.) are required and should be arranged with the FA dept.
- Acceptance back into the Institute is dependent upon space and class availability, not exceeding maximum time frame, and that only a total of one term may be repeated.
- A physician's statement must be provided upon return from any medical leave stating that the student can resume studies without restrictions.
- All students must complete any outstanding assignments prior to re-entry into the term.
- Term 3 student must complete their Hospice assignment prior to re-entry into the term.
- Must meet with the re-entry committee for approval of re-entry into the program.
- Please expect a re-admittance fee upon approval.

A student who fails to return to class on the date scheduled will be considered withdrawn from the program as of that date.

Student ID# _____

Name: _____
Last name (please print) First name Middle I.

Address: _____

Phone# (H) _____ Cell: _____ E-mail: _____

Graduation completion date changed to: _____ Last day attended: _____

Anticipated Re-entry date: _____ **Petition due by: WITHIN 10 BUSINESS DAYS**

If accepted for re-entry I understand that if I do not return to the nursing program on the above re-entry date, I will be considered to have withdrawn from the program as of that date. I understand at that point I will be charged for all billable hours and supplies and charges incurred while in the program. I also understand that any decision made by the appeals board is final.

Student Signature

Date signed

For Office Use:

Campus Director

Director of Nursing

- Approved
- Not Approved

For the Registrar's office, notified:

- Financial Director
- Faculty
- Admission Director

Date: _____