



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

REASON FOR NON-PROGRESSION IN NURSING PROGRAM:

- ☐ Grade (D or F) in Nursing Course ☐ Below 2.0 GPA
☐ Transfer or Relocation ☐ Other _____

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 _____