



ANGELO STATE UNIVERSITY

Department of Nursing and Rehabilitation Sciences

## APPLICATION PROCESS FOR STUDENT READMISSION IN THE ASSOCIATE OF APPLIED SCIENCE IN NURSING PROGRAM

Before completing this application for readmission, please review the following standards pertaining to progression and readmission.

- [Standards for Progression](#)
- [Standards for Readmission](#)
- [Procedure for Readmission](#)

After carefully reviewing the information pertaining to progression and readmission outlined above, please complete the application form on the next page. Each application is reviewed to determine if the candidate meets the standards for readmission. Candidates who meet all of the standards and are eligible for readmission will receive a letter with further instructions. The letter will outline the scheduling process for both the skills demonstration and the interview with the readmission committee. During this interview, candidates will be asked to verbally articulate their plan to successfully complete the AASN nursing program and pass the National Council Licensing Examination for RN. For students coming from out of town, special efforts will be made to schedule your skills demonstration and interview on the same day.

Candidates will be notified of the decision regarding their application after final examinations are completed for that semester.

The deadline for the readmission application is based on the semester you plan on reentering the nursing program:

- Summer/fall term reentry - March 15
- Spring term reentry - October 15

For more information, please contact the Nursing Program office.

### **Return the completed application to:**

**Angelo State University**  
**Department of Nursing and Rehabilitation Sciences**  
**ASU Station # 10902**  
**San Angelo, TX 76909**



# READMISSION APPLICATION

ASN       LVN-RN       Generic BSN

Name in Full: \_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Maiden

Campus ID #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City                                      State                                      Zip

Home Phone: \_\_\_\_\_ Area code/number      Alternate Phone: \_\_\_\_\_ Area code/number

<b>REASON FOR NON-PROGRESSION IN NURSING PROGRAM:</b>	
<input type="checkbox"/> Grade (D or F) in Nursing Course	<input type="checkbox"/> Grade (D or F) in required prerequisite course; or below 2.0 GPA
<input type="checkbox"/> Transfer or Relocation	<input type="checkbox"/> Other _____

Requested Semester to Reenter the Nursing Program:       Fall       Spring       Summer

Nursing Course to Repeat \_\_\_\_\_ OR Renter \_\_\_\_\_

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 Associate of Applied 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 \_\_\_\_\_