

OAKWOOD UNIVERSITY
Department of Nursing

APPLICATION FOR READMISSION

Student's Name _____ Student ID# _____

Permanent Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone () _____ (Include Foreign Country) _____

Parents/Guardian Name _____

Parents/Guardian Address _____

City _____ State _____ Zip Code _____

Describe activities while out of the program.

Courses completed while out of the program.

	<u>Course ID</u>	<u>Title</u>	<u>Institution</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

I desire to return to the nursing program _____ semester 20_____

Signature: _____

Date: _____

***Note:** Application **must be** submitted one month prior to the semester of readmission.