

DELGADO COMMUNITY COLLEGE – CHARITY SCHOOL OF NURSING

APPLICATION FOR READMISSION

RE-ENROLLMENT CONTINGENT ON SPACE AVAILABLE

Readmission application deadlines for: Fall – March 1<sup>st</sup> Spring - September 1<sup>st</sup> Summer – December 1st

**# 1-8 are to be completed by student:** (This form is a fillable PDF and **must be typed**. Upon completion, print the form, sign and submit.)

1. Indicate program: PN  RN

2. Indicate semester for readmission (Check one): Fall  Spring  Summer  Year: \_\_\_\_\_

3. Student's Name: \_\_\_\_\_ LoLA#: \_\_\_\_\_

4. Address: \_\_\_\_\_  
Number Street City State Zip Code

5. Primary Telephone #: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

6. Personal E-Mail: \_\_\_\_\_ DCC E-Mail: \_\_\_\_\_

7. Last Semester Enrolled \_\_\_\_\_ Level Re-Entering: \_\_\_\_\_

8. Answer the following Questions:

1. Have you applied to Delgado Community College for the semester to be re-admitted?

Yes  No

2. Have you attended another school of nursing or college since leaving Charity?

Yes  No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deliver in person or mail this form to: Delgado Community College  
Charity School of Nursing  
450 South Claiborne Avenue, Room 613B  
New Orleans, LA 70112  
**or via e-mail:** medwar@dcc.edu

**For Office Use Only:**

- Does the applicant meet current admission requirements for re-entry? Yes  No
- DCC Cumulative GPA: \_\_\_\_\_ Academic Standing at DCC last date of attendance: \_\_\_\_\_
- Is a DCC application required? Yes  No  Last term attended: \_\_\_\_\_
- # of semesters since last attended: \_\_\_\_\_ Assigned Advisor: \_\_\_\_\_
- Level Entering: \_\_\_\_\_ Course(s) Needed: \_\_\_\_\_ Repeating or First Enrollment
- Must attend: LSBN/Health Advising  Program Advising  New Student Orientation  Course Orientation

Comments: \_\_\_\_\_

Nursing Program Specialist \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_