DELGADO COMMUNITY COLLEGE – CHARITY SCHOOL OF NURSING

APPLICATION FOR READMISSION

RE-ENROLLMENT CONTINGENT ON SPACE AVAILABLE

Readmission application deadlines for: Fall – March 1ˢᵗ   Spring - September 1ˢᵗ   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   **or via e-mail:** csnadmissions@dcc.edu
Charity School of Nursing
450 South Claiborne Avenue, Room 613B
New Orleans, LA 70112

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