Request for Readmission to the Oakland University

School of Nursing Undergraduate Program

Students who have been dismissed from the School of Nursing (SON) will be considered for readmission on a case by case basis. Application for readmission must be made within 12 months of the date of dismissal. Students requesting readmission to the SON must complete this form in its entirety and submit it along with their answers to the questions posed in Part B. The SON will notify each student in writing when a decision has been made.

Part A: Information				
Name:	Grizzly ID:			
Address:				
Street	City		State	Zip code
Undergraduate track:	Basic-BSN	_ASD _	BSN Degree	completion
Daytime/cell phone:	OU E-mail:			
Date of SON Dismissal: _				
Date of Readmission Requ	est:			
	g two questions. Yournd the document needs	s to include al from the your academ	your full name, Gr School of Nursing' nic, employment, a	izzly ID number, and date? ? nd/or personal life that will
Part C: Student Signatur	e			
Student Signature			Date	

Return completed documents to:

Oakland University School of Nursing Associate Dean's Office 3005 Human health Building Rochester, MI 48309-4401