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-BS	SN ASD BSN Degree completion
Daytime/cell phone:	OU E-mail:
Date of SON Dismissal:	Date of Readmission Request:
Part B: Readmission Request	
typed (not hand written), and the docu of readmission request. 1. What factors contributed to you Nursing courses you receive failin 2. Describe the changes you have	ations. Your answers must be submitted on a separate document, ament needs to include your full name, Grizzly ID number, and date ur dismissal from the School of Nursing? Please include which ng grades and when? The made in your academic, employment, and/or personal life that will SON if your readmission request is approved.
Part C: Student Signature	
Student Signature Date	

Return completed documents to:

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