

Request to Re-Enter Program

-BSN, -RN2BSN/articulated MNSc, -MNSc, or -PhD Program
Deadline (September 1 for Spring/February 1 for Summer/Fall)

(Print or type all information)

SS#: _____ - _____ - _____ NAME: _____
Last First Middle Other Names

CURRENT ADDRESS: _____
Street

_____ City State ZIP

Telephone #: (____) _____ Daytime/Cell Telephone #: (____) _____ / (____) _____

PERMANENT ADDRESS: _____
Street

_____ City State ZIP

Telephone #: (____) _____ E-Mail Address _____

Additional college/university coursework completed since last enrollment in a UAMS-Nursing class

Course Number Course Title Credit Hrs. Institution

Remember to order official transcript(s) reflecting all additional grades since last UAMS enrollment

MNSc/PhD students: Specialty _____ Option _____

Licensure Information: (If licensed RN or LPN, submit copy with this form)

State: _____ License #: _____

Have you ever been admitted to the BSN _____, the MNSc _____, or the PhD program at UAMS?

Semester last attended? _____ Name used _____

Yes__ No__ I have been convicted of a crime or a felony.

Signature: _____ Date: _____

3/31/08