



## Application for Readmission into the RN to BSN Program

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

USI Email Address \_\_\_\_\_ Personal Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Course Failure: Year \_\_\_\_\_ Semester \_\_\_\_\_

Course: Subject/Course Number/Section Number (ex. NURS 327.A01) \_\_\_\_\_

### Request Readmission

Year \_\_\_\_\_ Semester \_\_\_\_\_ Term 1 or Term 2 \_\_\_\_\_

Please explain factors that contributed to the course failure and your plans for future success:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Submit form electronically to:

Chair of the Undergraduate Admission and Progression Committee

[usi1adminandpro@usi.edu](mailto:usi1adminandpro@usi.edu)