

Appendix C

**Application for MSN Readmission
University of Southern Indiana
MSN Program**

Directions: This form is to be completed if you have been out one semester from the MSN program. If you have been out two consecutive semesters (excluding summer), you will need to complete this form as well as an online admission form to the Department of Graduate Studies, including the associated fees for the admission. You will not need to re-forward transcripts unless since being out you have taken formal coursework.

Once completed, this form should be emailed to: usi1grnurse@usi.edu

Student ID: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Initial: _____

U.S. Mailing Address: _____

City: _____ State: _____

Date of Birth: _____

Projected semester of return: ___ Fall ___ Spring ___ Summer

Year _____

Current MSN Major: _____

Office Use Only:

___ Approve ___ Deny

Signature of Graduate Nursing Program Chair: _____

Date _____