

**University of Southern Indiana
College of Nursing and Health Professions
RN-BSN Program**

Request for readmission to the USI RN-BSN Program

Name: _____

ID: _____

USI email: _____

Personal email: _____

Phone: _____

Course failure: Year _____ Semester _____

Course: Subject/course number/section number (ex. NURS 327.AO1) _____

Request readmission

Semester _____ Year _____ Term 1 or Term 2 _____

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

Signature: _____

Date: _____

Email the form to Julie St. Clair, Chair of Undergraduate Nursing Admissions and Progressions Committee at jstclair@usi.edu.