



## Request for Readmission or Reinstatement Form Letter to the School of Nursing

**Instructions:** This form is to be completed in full and submitted by the student to the program coordinator to request readmission or reinstatement into a nursing program following dismissal or a leave of absence of less than a year. A student with a leave of absence of one year or more must reapply for readmission. Refer to the School of Nursing Handbook for the Readmission and Reinstatement policies and process. *This form letter will be hand delivered or emailed to the program coordinator (See contact information at the end of this document.)*

\_\_\_\_\_(initial) I understand that I must immediately initiate the readmission or reinstatement process upon notification of non-progression within the program.

Student ID#: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Semester and year requesting readmission or reinstatement: \_\_\_\_\_

Students (Area Code) and Phone Number: \_\_\_\_\_

UTRGV Email (the results of your request will be emailed to you):  
\_\_\_\_\_

Undergraduate Program: \_\_\_\_Generic BSN or \_\_\_\_2nd Degree

Indicate the name of your Graduate program: \_\_\_\_\_

Campus you plan to attend: \_\_\_\_ Edinburg \_\_\_\_ Brownsville \_\_\_\_ online program

Semester and year **completed**: \_\_\_\_\_

\_\_\_\_\_(initial) I will schedule a meeting immediately upon notification of non-progression with

1. School of Nursing Program Coordinator, and
2. Academic Advisor from the Academic Advising Center

*Possible points of discussion are factors that influenced the failure, drop, withdrawal, or leave of absence and to obtain recommendations and/or referrals to assist with overcoming any barriers and challenges to success.*

Program Coordinator Appt. Date: \_\_\_\_\_ Program Coordinator's Name: \_\_\_\_\_

Academic Advising Appt Date.: \_\_\_\_\_ Academic Advisor's Name: \_\_\_\_\_

Review: "Student Performance Assessment Form" and "Student Success Action Plan"

\_\_\_\_\_ (initial) I understand that I must update all program requirements (immunizations, CPR, insurance, and criminal background check) before returning to the nursing program to the program administrative assistant.

**Student Signature & Agreement:**

By signing, I certify that all the above information and statements are true to the best of my knowledge. I understand that omitting, withholding, or giving false information may make me ineligible for readmission and enrollment. I understand that submission of this form is part of my formal request to be readmitted or reinstated into the nursing program, and submission of this form does not guarantee readmission or reinstatement. I understand that requests are granted on a space-available basis.

I understand that I will not be given another opportunity to continue in the nursing program without a successful completion with a grade of "C" in my remaining courses.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

UNDERGRADUATE BSN PROGRAMS	GRADUATE COLLEGE PROGRAMS
University of Texas School of Nursing 1201 West University Drive Edinburg, TX 78539-2909 Office: EHABE 2.201  OR Email: Program Coordinator listed at the bottom of this form	University of Texas School of Nursing 1201 West University Drive Edinburg, TX 78539-2909 Office: EHABE 2.201  OR Email: Program Director listed at the bottom of this form

For further assistance or questions, contact:		
Generic BSN: Dr. Nora E. Martinez Program Coordinator 956-665-7051 <a href="mailto:nora.martinez@utrgv.edu">nora.martinez@utrgv.edu</a>	2 <sup>nd</sup> Degree: Dr. Jennifer Brewster Program Coordinator 956-665-5846 <a href="mailto:jennifer.brewster01@utrgv.edu">jennifer.brewster01@utrgv.edu</a>	Graduate Program: Dr. Beatriz Bautista Director of MSN & Post Master's Certificate Programs 956-665-3491 <a href="mailto:beatriz.bautista@utrgv.edu">beatriz.bautista@utrgv.edu</a>