



# ST. JOSEPH'S COLLEGE OF NURSING

## Application for Readmission

### APPLICATION INSTRUCTIONS

If you are seeking readmission to St. Joseph's College of Nursing, use this application packet. To apply for readmission, you must have met with the Dean of Student Services to discuss all options available to you.

Applying for readmission is available only to students who have been unsuccessful in two different nursing courses. Those who have been unsuccessful in the same course twice or have been dismissed for failure to provide safe care or who have been dismissed for academic dishonesty are not eligible for readmission.

Applications for readmission are available from the Dean of Student Services or through the Department of Admissions at St. Joseph's College of Nursing.

Readmission is reviewed on a continuing basis. Applications should be submitted in a timely manner based on when you are requesting to return to the program.

Once the application and all supporting documentation have been received, the application will be reviewed by the Office of Admissions, which will recommend whether or not the applicant should be interviewed by the readmission panel.

The Department of Admissions will establish the date for the readmission panel.

Applicants will be notified in writing regarding the final decision, recommendations, contingencies, and if applicable, semester/date of enrollment by the Office of Admission/Progression Committee.

The Office of Admissions, in collaboration with the chair of the Progression Committee, will determine space availability and placement of readmitted students.

Questions regarding the application process should be directed to the Department of Admissions @ 315-448-5040.

### CHECKLIST OF REQUIREMENTS TO COMPLETE

- ✓ Meet with the Dean of Student Services prior to applying for readmission to discuss all options available to you.
- ✓ Complete the enclosed application form.
- ✓ Submit two professional letters of recommendation (excluding from Faculty and Administration) specifically supporting your attempt to be readmitted to St. Joseph's College of Nursing.
- ✓ Submit a typed written personal statement addressing resolution of any documented concerns (including, but not limited to, financial, academic, and social issues) and a detailed plan/strategies for future success if readmitted to the nursing program.
- ✓ Submit any supporting documentation required for readmission (i.e. counselor recommendation, disability evaluation, academic remediation).
- ✓ Return the completed application form and checklist items to St. Joseph's College of Nursing, Department of Admissions, 206 Prospect Ave, Syracuse, NY 13203.

# APPLICANT

Legal Name \_\_\_\_\_  
*Last First Middle*

Birth Date \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*mm/dd/yyyy*

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Home Cell*

Permanent Home Address \_\_\_\_\_  
*Number & Street Apartment #*

\_\_\_\_\_  
*City/Town State ZIP/Postal Code*

If different from above, please give current mailing address for all readmission correspondence. (from \_\_\_\_\_ to \_\_\_\_\_)  
*(mm/dd/yyyy) (mm/dd/yyyy)*

Current Mailing Address \_\_\_\_\_  
*Number & Street Apartment #*

\_\_\_\_\_  
*City/Town State ZIP/Postal Code*

## ENROLLMENT

Course applying for \_\_\_\_\_ Option  Weekday  Evening/Weekend

## PERSONAL STATEMENT

Submit a typed written personal statement addressing resolution of any documented concerns (including, but not limited to, financial, academic, and social issues) and a detailed plan/strategies for future success if readmitted to St. Joseph's College of Nursing.

## ADDITIONAL INFORMATION

Attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application.

Note: If there are any changes to the information requested in this application, applicants are expected to immediately notify the Department of Admissions at St. Joseph's College of Nursing.

## SIGNATURE

Initial each of the following statements and sign & date bottom of page.

I certify that all information submitted in the readmission process - including the application, the personal essay, any supplements, and any other supporting materials – is my own work, factually true, and honestly presented, and that these documents will become the property of St. Joseph's College of Nursing and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades and degree, should the information I have certified be false.

I acknowledge that I have reviewed and understand the application instructions for this application. I understand that all offers of readmission are conditional pending space availability.

Signature \_\_\_\_\_

Date \_\_\_\_\_