Request to Re-Enter Program

☐-BSN, ☐-RN2BSN/articulated MNSc, ☐-MNSc, or ☐-PhD Program
for ☐ Summer _____, ☐ Fall _____, or ☐ Spring _____
(**Only for withdrawn students with completed degree coursework**.)
(Print all information)

SS#: _____-_____-_____ **NAME:** _____
                                                   Last   First   Middle   Other Names

CURRENT ADDRESS: _____
                                                              Street

_____
              City   County   State   ZIP

Telephone #: (___) _____ **Daytime/Cell Telephone #:** (___) _____ / (____) _____

LEGAL RESIDENCE: _____
                                                        Street

_____
              City   County   State   ZIP

Telephone #: (_____) _____ **E-Mail Address** _____

Additional college/university coursework completed since last enrollment in a UAMS-Nursing class

Course Number   Course Title   Credit Hrs.   Institution_____

_____

_____

_____

_____

Remember to order official transcript(s) reflecting all additional grades since last UAMS enrollment

MNSc/PhD students: Specialty _____ Option_____

Licensure Information:

State: _____ License #: _____

I have completed degree coursework for the BSN _____, the MNSc _____, or the PhD_____ program at UAMS?

Semester and year last attended? _____

Name used _____

APPLICANT'S STATEMENT
(Must be completed by all applicants)

It is my understanding that I will be considered for admission to the University of Arkansas for Medical Sciences College of Nursing only after submitting all specified credentials by the application deadline. I further agree to inform the Admissions Office of any change in plans to attend UAMS. I also agree to have official transcripts off all additional coursework sent before re-enrolling. I certify that none of the information requested on this form is false. I understand that withholding information or submitting inaccurate information will make me ineligible for admission and enrollment and subject to administrative withdrawal. **Note: This information is for admission to the College of Nursing only. Results of your College of Nursing Criminal Background check in no way guarantees that you will be able to meet qualifications for state licensure, admission into other educational programs, etc.**

Have you been convicted of a crime or a felony? ☐-Yes ☐-No

Signature: _____ **Date:**_____