

EMORY UNIVERSITY NELL HODGSON WOODRUFF SCHOOL OF NURSING

Office of Enrollment and Student Affairs

REQUEST FOR READMISSION *(Please print in blue or black and complete form in its entirety)*

This form must be completed, signed and returned at least 60 days before the desired semester of enrollment in order to register. Return completed form to: Office of Enrollment and Student Affairs, Nell Hodgson Woodruff School of Nursing, 1520 Clifton Road, NE, Atlanta, GA 30322, or fax to: 404-727-8509 or via email: to nursingregistrar@emory.edu.

Name _____ ID Number _____

Program previously enrolled in (and specialty, if applicable) _____
(i.e. BSN, MSN; NOTE: Non-degree students may not be readmitted as degree seeking)

Semester last enrolled _____ Returning semester _____

Anticipated graduation date is: _____
Semester Year

Were you enrolled at any other institution during your leave of absence? _____(Y/N)

(If yes, **official transcripts** of all coursework is required) | If yes, please provide name of school: _____

Your Current Mailing Address _____

Phone number _____ (h) _____ (c) | **Email Address** _____

*I certify that the above information is correct to the best of my knowledge. I further agree to abide by all the rules, regulations, practices, and policies of Emory University as they may be at the time of readmission or as they may be changed during my continuance as a student. **This is a request for readmission and does not guarantee approval for re-enrollment. Please see readmission guidelines for factors that may determine readmission approval.***

Signature _____ Date _____

Special Note to International Students: International students wishing to be readmitted need to verify that all visa requirements are satisfied prior to readmission. Additionally, they must also meet health insurance requirements.

Enrollment and Student Affairs Designee	
Signature _____	Date _____
MSN or DNP Program Director	
Signature _____	Date _____
Please print program director name legibly	
Please check the appropriate box: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	
<i>Attach any comments regarding this request on a separate sheet.</i>	

Student Services Use Only	
Readmission performed by _____	_____
Name	Date