

NELL HODGSON WOODRUFF SCHOOL OF NURSING  
**READMISSION GUIDELINES**

**General**

Readmission to the Emory University Nell Hodgson Woodruff School of Nursing is contingent upon several factors. If your leave of absence resulted from academic dismissal your consideration for re-enrollment depends upon the following:

- Program space availability
- Program Director or Specialty Coordinator Approval
- Successful completion of a remediation (if required)
- Clinical placement vacancies
- *For MSN students, space availability in program specialty must also be considered*

**Medical Leave**

All candidates requesting re-admission from medical leave must provide written clearance from the treating physician. In addition to medical clearance your ability to return will also be based on the following factors:

- Program space availability
- Program Director or Specialty Coordinator Approval
- Successful completion of a remediation (if required)
- Clinical placement vacancies

**Procedure**

1. Candidates must complete re-admission application form (available on the SON website)
2. A written explanation (one page only) describing your compliance/completion of the remediation plan discussed with your academic advisor
3. If you were enrolled at any other institution during your leave of absence please list coursework take on your request for readmission form. If yes, official transcripts of all coursework is required.
4. Please include volunteer hours completed during your leave of absence. This information will be considered by the admission committee and included in your permanent student file.

**Financial Aid /Scholarships**

Pending approval of enrollment status all questions related to financial aid and scholarships should be directed to Katie Kennedy, Director of Financial Aid and Student Success at [katie.kennedy@emory.edu](mailto:katie.kennedy@emory.edu).

# EMORY UNIVERSITY NELL HODGSON WOODRUFF SCHOOL OF NURSING

Office of Enrollment and Student Affairs

## REQUEST FOR READMISSION *(Please print in blue or black ink)*

**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: Student Services, Nell Hodgson Woodruff School of Nursing, 1520 Clifton Road, NE, Atlanta, GA 30322, or fax to: 404-727-8509.

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Program previously enrolled in \_\_\_\_\_  
*(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, please provide name of school: \_\_\_\_\_  
*(If yes, official transcripts of all coursework is required)*

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.

### Associate Dean for Enrollment and Student Affairs

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Assistant Dean for BSN or MSN Education

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check the appropriate box:**  Approval  Disapproval

*Attach any comments regarding this request on a separate sheet.*

### *Student Services Use Only*

Readmission performed by \_\_\_\_\_  
Name Date