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.
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 __________________