



Request for Readmission or Reinstatement
Form Letter to the School of Nursing

Instructions: This form is to be completed in full and submitted by the student to the program coordinator to request readmission or reinstatement into a nursing program following dismissal or a leave of absence of less than a year. A student with a leave of absence of one year or more must reapply for readmission. Refer to the School of Nursing Handbook for the Readmission and Reinstatement policies and process. This form letter will be hand delivered or emailed to the program coordinator (See contact information at the end of this document.)

____(initial) I understand that I must immediately initiate the readmission or reinstatement process upon notification of non-progression within the program.

Student ID#: _____

Student's First Name: _____ Last Name: _____

Semester and year requesting readmission or reinstatement: _____

Students (Area Code) and Phone Number: _____

UTRGV Email (the results of your request will be emailed to you):

Undergraduate Program: ____Generic BSN or ____2nd Degree

Indicate the name of your Graduate program: _____

Campus you plan to attend: ____ Edinburg ____ Brownsville ____ online program

Semester and year completed: _____

____ (initial) I will schedule a meeting immediately upon notification of non-progression with

- 1. School of Nursing Program Coordinator, and
2. Academic Advisor from the Academic Advising Center

Possible points of discussion are factors that influenced the failure, drop, withdrawal, or leave of absence and to obtain recommendations and/or referrals to assist with overcoming any barriers and challenges to success.

Program Coordinator Appt. Date: _____ Program Coordinator's Name: _____

Academic Advising Appt Date.: _____ Academic Advisor's Name: _____

Review: "Student Performance Assessment Form" and "Student Success Action Plan"

_____ (initial) I understand that I must update all program requirements (immunizations, CPR, insurance, and criminal background check) before returning to the nursing program to the program administrative assistant.

Student Signature & Agreement:

By signing, I certify that all the above information and statements are true to the best of my knowledge. I understand that omitting, withholding, or giving false information may make me ineligible for readmission and enrollment. I understand that submission of this form is part of my formal request to be readmitted or reinstated into the nursing program, and submission of this form does not guarantee readmission or reinstatement. I understand that requests are granted on a space-available basis.

I understand that I will not be given another opportunity to continue in the nursing program without a successful completion with a grade of "C" in my remaining courses.

Student Signature: _____

Date: _____

UNDERGRADUATE BSN PROGRAMS	GRADUATE COLLEGE PROGRAMS
University of Texas School of Nursing 1201 West University Drive Edinburg, TX 78539-2909 Office: EHABE 2.201 OR Email: Program Coordinator listed at the bottom of this form	University of Texas School of Nursing 1201 West University Drive Edinburg, TX 78539-2909 Office: EHABE 2.201 OR Email: Program Director listed at the bottom of this form

For further assistance or questions, contact:		
Generic BSN: Dr. Aaron Salinas Program Coordinator 956-665-2390 aaron.salinas01@utrgv.edu	2 nd Degree: Dr. Jennifer Brewster Program Coordinator 956-665-5846 jennifer.brewster01@utrgv.edu	Graduate Program: Dr. Beatriz Bautista Director of MSN & Post Master's Certificate Programs 956-665-3491 beatriz.bautista@utrgv.edu