

READMISSION POLICY

Students who have previously begun and subsequently have not completed the LSCC Nursing Program will be given one opportunity to readmit into the program.

Students requesting readmission must do so for the very next term and year that contains the course not completed.

Requests for readmission must be submitted by dates indicated in table below and must include:

- 1) The Readmit Request form (available in this packet)
- 2) Description of action plan implemented to address issues surrounding withdrawal or failure from the program. (Supporting documentation of action plan may be required for interview.)
- 3) Completed Background Information Update form.

Readmission is **not** guaranteed. Students requesting readmission will be interviewed by the Readmit Committee. The committee is composed of 1st and 2nd year instructors from the Leesburg and South Lake campuses. Readmission is determined by the committee. **Decisions of the committee are final.**

Students who are granted readmission into the program will be notified in writing.

Readmitted students will attend required new student orientation (Fall and Summer) or mandatory readmit update meeting (Spring).

READMISSION PROCESS

	FALL	SPRING	SUMMER
Submit Readmit Request/Submit Background Check Request	March 1-14*	August 1-14*	February 1-14*
Interviews To Be Scheduled	April	September	March
Notification Letters To Be Mailed	May	October	April
Required New Student Orientation	June	n/a	April
Mandatory Update Meeting To Be Held	n/a	November	n/a

- * If any of the dates indicated fall on a weekend the next business day will be substituted. For FALL submission dates- If Spring Break occurs during the second week, the first Monday following Spring Break will be substituted.

READMISSION REQUEST FORM

CONTACT INFORMATION			
LAST NAME:		FIRST NAME & MI:	
GENERATED ID #:		COUNTY OF RESIDENCE:	
MAILING ADDRESS:		PHYSICAL ADDRESS (IF DIFFERENT):	
CITY:		CITY:	
STATE/ZIP:		STATE/ZIP:	
HOME PHONE:	()	PLACE OF EMPLOYM'T:	
CELL PHONE:	()	POSITION/TITLE:	
EMAIL ADDRESS:		WORK PHONE:	()
REQUEST INFORMATION			
YEAR ADMITTED:		TRACK:	
TERM/YEAR SEEKING READMISSION		INDICATE IF FIRST OR SECOND YEAR STUDENT	
RETURN COMPLETED FORM W/ACTION PLAN ATTACHED TO :			
<p>LSCC Nursing Department 9501 US HWY 441 Leesburg FL 34788</p> <p>Attn: Readmit Request</p> <p style="text-align: center;">-or-</p> <p>Fax completed form to 352-365-3508</p>			

NURSING OFFICE USE ONLY: Date/Time of Receipt _____