ELM Re-entry Request Application

Return Completed Applications to Catherine Mullins in Nursing Office 60-G

Name (please list all names you go by): _____________________________________________.

Student ID #: ___________________________ Phone: ________________________________

Email: ________________________________

Re-admission Request:

Courses Completed Before Exiting: _______________________________________________

Courses Completed Since Exiting: ________________________________________________

Previous Graduation Code (if you know it): ________________________________________

Course Number to Re-enter Into: _________________________________________________

Reason for Exiting Nursing Program (please circle):

  Academic**  Medical Leave  Educational Leave**  Other**

**Please Give Specifics:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Medical Leave Section Only

Students requesting to re-enter following a Medical Leave must provide a medical or mental
health release letter confirming readiness to re-enter. Please attach to this form. No Re-Entry
Contracts (or Remediation Plan) are necessary.

Academic Leave Section Only

Do You Have a Re-Entry Contract:  □ Y  □ N

If Yes, Which Faculty Member is Your Contract With: ____________________________________

Please attach a copy of your Re-Entry Contract to this form if applicable.

Have Met With Student Success Coordinator Dianne Leever:  □ Y  □ N

Were Referred to the Learning Assistance Center:  □ Y  □ N

If Yes, Please State the Reason for Referral:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name and Dates of LAC Counselor Seen: __________________________________________

Have You Previously Been Re-Admitted to the Program:  □ Y  □ N

If Yes, List Courses You’ve Repeated (and the number of times per course):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional Comments:

________________________________________________________________________

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________________________________________________________________________

Please attach a copy of your unofficial transcript to this form – can be printed off mycsulb.

NO RE-ENTRY REQUESTS ARE GUARANTEED – permission to re-enter is dependent and determined on a space available basis.