



Bachelor of Nursing (Collaborative) Program: Application for Re-admission

Instructions for Applicants:

The forms enclosed are required as part of your re-admission application to the Bachelor of Nursing (Collaborative) Program. Please read all information prior to completing these forms.

Your appeal and documentation must be submitted directly to the Chair of Undergraduate Studies Committee (UGSC) Nursing Site at which you were formerly enrolled. Documents should be submitted to the Chair of the Undergraduate Studies (UGSC) Committee at that site.

See Admission/Readmission Regulations for the School of Nursing:

- <http://www.mun.ca/regoff/calendar/sectionNo=NURS-0967>

Supporting Documentation:

- Statement Form (to be included with the application)
- One Reference form from an academic source, preferably a Nursing faculty member (form provided).

Note: In addition to the Bachelor of Nursing (Collaborative) Program Application for Re-Admission, you may be required to submit a Memorial University Undergraduate Application for Admission/Readmission. For further information, please see:

Memorial University Undergraduate Application for Admission/Readmission:

- <http://www.mun.ca/regoff/calendar/sectionNo=REGS-0268>



BACHELOR OF NURSING (COLLABORATIVE) PROGRAM APPLICATION FOR RE-ADMISSION

Associate Dean
Memorial University of Newfoundland
School of Nursing,
St. John's

Associate Director
Centre for Nursing Studies
St. John's

Associate Director
Western Regional School of Nursing
Corner Brook

MUN Student Number: _____ (if known) Date of Birth: _____

Last Name: _____ First Name: _____

ADDRESS: Permanent:	_____	Telephone: _____
	_____	Postal Code: _____
Local:	_____	Telephone: _____
	_____	Postal Code: _____

MUN\Grenfell email address: _____

Degree Option for which you are seeking re-admission:

Four-Year _____ OR

Fast-Track _____

When did you last complete courses in the BN (Collaborative) Program? _____

What Nursing Site did you last attend? _____

ACADEMIC RECORD: List any courses or educational programs pursued since leaving the BN (Collaborative) Program. If courses\programs were not at MUN, please provide transcript.

Education Institution	Location	Dates Attended	Education Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCE: Please indicate below the name of one ACADEMIC referee, preferably a Nursing faculty member.

Name

Address

Position

1. _____

DECLARATION

I certify that this application is a true and complete disclosure of the information requested:

- Bachelor of Nursing (Collaborative) Program Application for Re-Admission
- Statement Form
- One letter of reference has been requested from an ACADEMIC source, preferably a Nursing faculty member

I understand that if my mailing address or e-mail address should change it is my responsibility to ensure the Office of the Registrar and the School of Nursing has the up-to-date information.

I understand that if I am not a current student at Memorial University and/or have not registered for courses at this University in either of the three semesters immediately preceding the semester for which this application is being made, I must also complete the Undergraduate Application for Admission/Readmission to the University, apply online at www.mun.ca/regoff/admission or by contacting the Office of the Registrar at 709-864-4431.

Re-Admission to the Bachelor of Nursing (Collaborative) Program is conditional upon admission/readmission to the University.

Signature _____

Date _____

Please note that this application must be received by the School of Nursing no later than March 1 for Fall readmission and October 1 for Winter or Spring readmission.

