



### Re-Admission Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Semesters attended: \_\_\_\_\_ Completed Nursing Level: \_\_\_\_\_

Desired re-admit semester: August: \_\_\_\_\_ January: \_\_\_\_\_

1. Have you attended any other schools since last attending GSC? If yes, please list schools, dates and have the official transcripts sent to GSC.

College: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College: \_\_\_\_\_ Dates attended: \_\_\_\_\_

2. What factors contributed to your inability to complete the program at GSC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What have you done to change the factors identified above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please identify specific behaviors you intend to implement to ensure your success:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Were there any faculty advisement given to you at the time of your withdrawal/dismissal? If yes, how have you followed up on that advisement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note:** You will need to obtain at least one Professional recommendation (Health Professional or GSC Faculty preferred.)