APPLICATION FOR REINSTATEMENT OR DIRECT TRANSFER INTO BSN PROGRAM

KENT STATE UNIVERSITY COLLEGE OF NURSING

Fill out this form completely and return to the address listed below:

Kent State University College of Nursing Office of Student Services P.O. Box 5190 216 Henderson Hall Kent, OH 44242-0001

Name		
Date of Birth:/	Social Security Numb -or- Banner ID	ber
Telephone Number ()		
Email address (checked often):	@	·
Mailing Address:		
City:	_ State: Zip: _	
Please indicate your reason for submitting this app	olication:	
☐ Reinstatement to Kent State University College of Nursing ☐ Direct Transfer into Bachelor of Science in Nursing program		(Complete Section 1 & Signature) (Complete Section 2 & Signature)

Section 1 - KSU/Nursing Sequence Dismissed Students

Applicants must meet the following criteria:

Students will have 14 working days from the receipt of the dismissal letter to submit this application to be considered for reinstatement. Applications for reinstatement are not guaranteed and can only be submitted for consideration once.

Applicants are required to submit an essay addressing the following:

- (A) Explain what factors contributed to your previous failure to achieve satisfactory grades.
- (B) Detail your goals and future pursuits in the field of nursing.
- (C) Provide a detailed plan for success if you are permitted readmission.

Section 2 - Direct Transfer into KSU BSN program

-Direct program transfer requests will only be admitted into the Fall semester, on a space available basis.

Applicants must meet all of the follow criteria for consideration:

- -Applicant cannot have been dismissed from another nursing program.
- -Applicant must be making the appeal within two years of leaving a program.
- -Applicant cannot have failed a nursing course (based on prior college's guidelines for failure).
- -Applicant must complete 30 credit hours of nursing coursework at Kent State University to satisfy the University's residency requirement.
- -Applicant must have a 3.5 cumulative GPA and a 3.5 prerequisite science GPA.

Applicants for direct transfer must submit the following:

- (A) Complete official collegiate transcripts, other than KSU, must accompany this application.
- (B) A letter from their most recent college of nursing's program director, indicating applicant's status in the program.
- (C) Two letters of support for the applicant. It is preferred that one letter speaks to your academic performance and that the other letter speak to your moral/ethical character.

By my signature I attest to the fact that all information given on this application is complete and correct and any omission or falsification will result in denial of admission or immediate dismissal. Applicants will be notified of the decision via the email indicated above. Student Signature _____ Date of Filing_____ Administrative Action: Reinstatement: Approved Not Approved Reason: _____ Transfer: Approved Not Approved Reason: __ Spring For: Fall Summer Semester, 201____