

APPLICATION FOR REINSTATEMENT OR PROGRAM ALTERATION-BSN

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 Number _____
-or-
Kent State ID _____

Telephone Number _____

Email address (checked often): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please indicate your reason for submitting this application:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Reinstatement to Kent State University College of Nursing | (Complete Section 1 & Signature) |
| <input type="checkbox"/> Direct Transfer into Bachelor of Science in Nursing program | (Complete Section 2 & Signature) |
| <input type="checkbox"/> Campus or Cohort Change Bachelor of Science in Nursing | (Complete Section 3 & Signature) |

Section 1 - KSU/ Not Permitted to Continue in the Nursing Sequence Students

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 3.2 cumulative GPA and a 2.75 prerequisite science GPA to be reviewed.

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.

Section 3 – Campus or Cohort Change

Applications for campus change are not guaranteed.

Applicants are required to submit an essay addressing the following:

- (A) Desired date of change.
- (B) Circumstances related to requested change.
- (C) Detail your goals and future pursuits in the field of nursing.

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: _____

For: Fall Spring Summer Semester, 201____