

**APPLICATION FOR REINSTATEMENT TO
THE UNIVERSITY OF MOBILE SCHOOL OF NURSING**

DATE: _____

PRINT NAME IN FULL: _____
(Last Name) (First Name) (Middle Name)

DATE OF BIRTH: _____

NAME OF COLLEGE/ UNIVERSITY DISMISSED FROM: _____

REASON FOR DISMISSAL: **Submit your statement for the below explanations with this form**

- Tentative nursing students must write a statement explaining the reason(s) or extenuating circumstances for dismissal. Please provide as many details as possible. It must show that the student has taken responsibility for their actions.
- Since you have been out of a nursing program for five years or more, what has changed that will enable you to be successful?
- The letter should also include a plan for future success.

YEAR DISMISSED FROM NURSING PROGRAM: _____

WHAT SEMESTER WERE YOU IN? _____ WHAT NURSING COURSES
WERE YOU SUCCESSFUL IN? _____

LIST ALL SCHOOLS OF NURSING YOU HAVE ATTENDED:

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

ARE YOU A U. S. CITIZEN? Yes No

RELIABLE TELEPHONE NUMBER: _____

HOME E-MAIL ADDRESS:

Are you currently employed in any state? Yes No

What shift do you work, and how many hours per week? _____

Reinstatement Fee \$100 PAYABLE TO: The University of Mobile Undergraduate Nursing Department.

NOTE: The Dean and nursing faculty will review your application for reinstatement and your attached statements. **Please Note:** Submitting an application and statement does not guarantee enrollment.