

**Arizona Western College
Healing Community Nursing Program**

Readmission Request

*Please follow the Readmission procedure as published in the current Nursing Student Guide, available online at <http://www.azwestern.edu/nursing>. Toro account email response will be provided within 45 days of the readmission application deadline. **Please attach a current AWC transcript.***

Please Print Information

Name: *Last:* _____ *First:* _____ *Middle:* _____

Former Name(s): _____

Social Security # _____ Student ID # _____

Mailing Address: _____

Street/Apt/PO Box *City* *State/Zip*

AWC Email Address (Toro account): _____

Phone Number (S) *Home:* _____ *Work:* _____ *Cell:* _____

You are requesting readmission for: Semester/Year: _____
in NUR: 121 122 221 222

You exited the program: Semester/Year: _____
Reason for exiting the program: Academic Clinical Other
If other, please specify: _____

Describe the specific activities or strategies you have implemented in order to be successful, if your request for readmission is granted: (Be brief but thorough. You may attach another page if necessary.)

Student Signature: _____ Date: _____

Director of Nursing Signature: _____ Date Received: _____

Request is: Granted for NUR _____ Year/Semester: _____ Denied

Director of Nursing Signature: _____ Date: _____