

Complete and return this form to:
Labouré College
Attn: Academic Progression Review Committee
303 Adams Street, Milton, MA 02186
Fax: (617)296-7947 or Email: Registrar@laboure.edu

Date	Student ID#	Student Name
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Students who are dismissed from the nursing program and wish to be considered for readmission due to extenuating circumstances will be required to submit this form and all supporting documentation within thirty (30) business days of the date of dismissal.

1. The Academic Progression Review Committee will review all students and provide recommendation to the Division of Nursing Administrator and Program Dean. Students will be notified of dismissal appeal decisions via Labouré College of Healthcare email.
2. Any student readmitted to the nursing program will be held to the current standards, policies and procedures of the Labouré College of Healthcare Catalog and Student Handbook and Nursing Student Handbook at the time of readmission.
3. Students may only submit an application for readmission for extenuating circumstances one time during their entire time at Labouré College of Healthcare.

Extenuating Circumstance:

Please describe the extenuating circumstance and how the event impacted your ability to be successful in your professional course

The extenuating circumstance must have occurred during the semester of a course failure or withdrawal

Documentation of extenuating circumstance must be included with this form (e.g. legal documents, medical documentation, etc.)

Extenuating circumstances include, but are not limited to:

- *medical emergencies*
- *death of spouse/parent/child*
- *loss of home due to circumstance beyond a student's control*

Self Evaluation and Plan for Success:

Please write an essay (no more than 500 words) including a detailed self evaluation and a plan for success should you be readmitted to the Nursing program

Student Signature

By signing, I acknowledge that I have read this form and understand that I am requesting readmission to the nursing program. I understand that this request must be approved by the Academic Progression Review Committee, Division of Nursing Administrator, and Division of Nursing Dean. I also understand that I am responsible for any financial or academic obligations I may have.

Student Signature: _____ Date: _____

Academic Progression Review Committee Recommendation:

Recommendation for Readmission Recommendation Readmit with Conditions Recommendation Readmission Denied

Additional Comments:

Committee Chair Signature: _____ Date: _____

Division of Nursing Decision

Readmission Granted Readmission Granted with Conditions Readmission Denied

Additional Comments:

Division of Nursing Administrator or Dean Signature: _____ Date: _____

Registrar Use Only

Processed by: _____ Date: _____