

**SCHOOL of NURSING AND HEALTH STUDIES (SoNHS)**  
**Readmission Following Academic Dismissal – All Programs**

**All request must be completed and submitted to the  
SoNHS Student Affairs Committee 10 days prior to the regularly scheduled meeting.  
\*\*\*Refer to the Leave of Absence Policy in the SoNHS Policy and Procedure manual.**

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STUDENT NAME	STUDENT ID #	DATE

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CURRENT ADDRESS W/STREET, CITY, STATE, ZIP

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E-MAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Previously Enrolled PROGRAM

BHS       BSN (PL/AT)       RN-BSN       BSPH       PhD

MSN:

- Adult-Gerontology NP (AGNP)
- Women's Health NP (WHNP)
- Pediatric NP (PNP)
- Family NP (FNP)
- Nurse Educator (NE)
- Psychiatric Mental Health NP (PMHNP)
- Neonatal NP (NNP)
- Acute Care Pediatric NP (ACPNP)

DNP:

- Adult-Gerontology NP (AGNP)
- Women's Health NP (WHNP)
- Pediatric NP (PNP)
- Family NP (FNP)
- Certified Registered Nurse Anesthetist (CRNA)
- Acute Care Pediatric NP (ACPNP)
- Post Master's

Other (i.e. certificate programs)    Program Name: \_\_\_\_\_

What courses led to dismissal? \_\_\_\_\_

What was the semester you completed that resulted in your dismissal? \_\_\_\_\_

What semester do you wish to be readmitted? \_\_\_\_\_

For which program do you wish to be readmitted? \_\_\_\_\_

NOTE TO ALL STUDENTS: Please be aware that readmission will be on a space available basis.

\_\_\_ Yes, I am aware of the above stated information

\_\_\_ No, I will need to contact the Program Director.

Student Initial: \_\_\_\_\_

APPLICATION FOR READMISSION Process and Considerations

- Contact the Program Director and Academic Advisor:
  - a. Confirm space is available if readmitted to a clinical program
  - b. Discuss if science courses will expire during the program you are applying for readmission
- Apply to UMKC if greater than 1 academic year for undergraduate and graduate students
- Be aware that you will be admitted under the new catalogue year
- All individuals requesting readmission must meet current program requirements
- Be prepared you may need to resubmit background checks, drug screens, and other pertinent information for the clinical setting
- Complete and submit this form to the academic advisor.

Please ensure page 3-three includes an explanation of the circumstances that support this readmission and why it should be considered. **The brief explanation needs to be limited to 600 words.**

\_\_\_\_\_

Student Signature and Date of Application

\_\_\_\_\_

Reviewed by Academic Advisor (Signature & date)

\_\_\_\_\_

Program Director Signature and Date

\_\_\_\_\_

Tentative Date of Next Student Affairs Committee Meeting

\_\_\_\_\_

Date Received in Student Services

**This request will be reviewed at the next Student Affairs Committee meeting and a final decision will be emailed to you.**

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**Student Affairs Decision and Date**

Approved and Date \_\_\_\_\_

Not Approved and Date \_\_\_\_\_

**Student Affairs Committee Chair Signature & Date Email (with Read Receipt) Sent to Student:**

\_\_\_\_\_

These items must be included in your petition. Exclusion of any of these items will prevent the petition from being addressed.

Personal letter to the committee explaining the reason for petition. The committee is looking for you to reflect upon the challenges you had in the semesters leading up to your dismissal and the concrete steps you will be taking to overcome those challenges.

- What issues lead to the lack of success (what happened)?
- What things need to be changed to promote success (why/root cause explored)?
- What is your plan to promote success in future courses (what will you do differently)?

Student Statement Re: Petition for Exception (600-word limit)