

**Douglas College**

**Faculty of Health Sciences**

**Bachelor of Science in Psychiatric Nursing Program**

**STUDENT REQUEST FOR RE-ENTRY**

**Part A: To be completed by student and emailed to Student Coordinator by April 1 for**

**Fall Re-entry and September 1 for Winter Re-entry.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | Click or tap here to enter text. | | | |
| **Student Name:** | Click or tap here to enter text. | **Student No:** | | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | | |
| **Email:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **Requested Re-entry Semester:** | **Fall:  Winter:  Year:** Click or tap here to enter text. |
| **Semester Requested for Re-entry:** | **1  2  3  4  5  6** |

**List All Courses Requested:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | | **Credit** | **Audit** | **Course** | | **Credit** | **Audit** |
| **1.** | Click or tap here to enter text. |  |  | **5.** | Click or tap here to enter text. |  |  |
| **2.** | Click or tap here to enter text. |  |  | **6.** | Click or tap here to enter text. |  |  |
| **3.** | Click or tap here to enter text. |  |  | **7.** | Click or tap here to enter text. |  |  |
| **4.** | Click or tap here to enter text. |  |  |  | |  |  |

NB: if requesting course audit, see Douglas College Audit Policy and Audit Agreement on the Douglas College Website. Clinical courses cannot be audited.

**Provide a self-reflection on your readiness to return to the program:**

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| --- |
| Click or tap here to enter text. |

**Additional comments for the Student Progression Committee to consider:**

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| Click or tap here to enter text. |

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**Part B: To be completed by Student Coordinator.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | Click or tap to enter a date. | | | | |
| **Student Coordinator** | Click or tap here to enter text. | | | | |
| **Interviewed** | **Yes** |  | **No** |  |  |
| **Request Approved** | **Yes** |  | **No** |  |  |
| **Reason if not Approved** | Click or tap here to enter text. | | | | |

**Additional Documentation Attached:**

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| --- |
| Click or tap here to enter text. |

cc: Student, Student File