

**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:**

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

cc: Student, Student File