

**RE-ENROLLMENT AFTER ABSENCE FORM**

STUDENT ID	LAST NAME	FIRST NAME	EMAIL ADDRESS	PHONE NUMBER

<b>CURRENT MAILING ADDRESS:</b>	
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This form must be completed by the student if absent from the program for one (1) or more semesters. This includes students withdrawing from all courses in a semester. The completed form must be submitted via the REGI System (<https://links.emory.edu/REGI>) at least 60 days before the desired semester of enrollment in order to register for classes (June 1 for fall; November 1 for spring).

**Re-enrollment After Absence Process:**

1. The submitted Re-enrollment After Absence form will be sent to the Office of Education, for review. The Office of Education may request additional information from the student, program director, specialty coordinator, or assistant/associate deans.
2. An email will be sent to the student's Emory email or if not active, to an email designated by the student in the request.
  - a. There is no guarantee a student will be re-enrolled. The decision is dependent on the likelihood of the student's successful performance in succeeding work, the competition of other applicants, and class and clinical placement availability.
  - b. Additionally, the faculty may require an assessment of a student's knowledge, skills, and competencies prior to re-enrollment. Assessment will be relevant to the student's specialty area and level of practice on exit from the program. Evaluation may include a written exam, written cases, and demonstrated clinical skills/competencies.
  - c. If a student has been on a medical leave, a letter from the health care provider is required to confirm the student is ready to reenter the program.
3. A student approved for re-enrollment after a leave of absence, withdrawal (voluntary/involuntary) from a program, or after having been suspended or dismissed with conditional re-enrollment will be placed on a Goal Setting Plan for Student Improvement developed by the program director/specialty coordinator. Refer to the Nursing Student Handbook located on the School of Nursing website for additional information related to re-enrollment.

PREVIOUSLY ENROLLED PROGRAM/SPECIALTY (check one):						
Traditional BSN/ABSN	InEmory	DABSN	AMSN	MN	MSN	<b>DNP</b>
Master's	Enter Specialty:					
BSN to DNP	Enter Specialty:					

I AM APPLYING FOR READMISSION IN (check one & include year):		
Year: Fall	Spring	Summer
FULL-TIME OR PART-TIME (check one):		
Full -Time	Part -Time	If part-time, number of hours: _____
LAST ENROLLMENT: (check one & include year):		
Year: Fall	Spring	Summer
ANTICIPATED GRADUATION DATE (check one & include year):		
Year: Fall	Spring	Summer

WERE YOU ENROLLED AT ANY OTHER INSTITUTION(S) DURING YOUR LEAVE (check one)?	
No	Yes
If yes, provide the name(s) of the institution ( <b>Official transcripts of all coursework is required before reenrollment will be approved</b> ):	

Briefly support your readiness for reenrollment. Address any recommendations or requirements for reenrollment given by the Program Director and Assistant or Associate Dean:
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I certify that the above information is correct to the best of my knowledge. I further agree to abide by all the rules, regulations, practices, and policies of Emory University as they may be at the time of readmission or as they may be changed during my continuance as a student.

_____	_____	_____
<b><i>Student Signature</i></b>	<b><i>Print Name</i></b>	<b><i>Date</i></b>

_____	_____	_____
<b><i>Program Director Signature</i></b>	<b><i>Print Name</i></b>	<b><i>Date</i></b>

Reenrollment (check one)		Probation (check one)		Special Conditions for Reenrollment
Approved	Denied	Yes	No	