

**THE UNIVERSITY OF LOUISIANA AT MONROE  
KITTY DEGREE SCHOOL OF NURSING  
APPLICATION FOR RE-ADMISSION**

*- Type or print legibly -*

**I. PERSONAL DATA**

				CWID: _____
Last Name	First	Middle	(Married)	Home Phone #: _____
Address				Cell Phone #: _____
City	State	Zip	Email: _____	

**II. COURSES FOR WHICH YOU ARE REQUESTING RE-ADMISSION**

SEMESTER ONE	
TRADITIONAL	
NURS 2004	
NURS 2009	
NURS 2011	
NURS 2013	
LPN	
NURS 2080	
NURS 2002	
NURS 2004	
NURS 2009	
NURS 2011	
NURS 2013	
RN	
NURS 2080	
NURS 2020	
NURS 2004	
NURS 2013	

SEMESTER TWO	
TRADITIONAL	
NURS 3009	
NURS 3010	
NURS 3011	
LPN	
NURS 3010	
NURS 3011	
NURS 3012	
NURS 3013	
NURS 3014	
SEMESTER THREE	
NURS 3028	
NURS 3029	
NURS 3030	

SEMESTER FOUR	
NURS 4000	
NURS 4001	
NURS 4002	
NURS 4004	
NURS 4005	

SEMESTER FIVE	
TRADITIONAL	
NURS 4037	
NURS 4062	
NURS 4063	
NURS 4064	
NURS 4065	

**III. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**