

**REQUEST FOR READMISSION - NURSING PROGRAM**

**Western Nevada College, Admissions and Records**

**2201 West College Parkway, Carson City, NV 89703**

775-445-3277, [admissions.records@wnc.edu](mailto:admissions.records@wnc.edu)

**READMISSION DEADLINES:**

FALL SEMESTER (3<sup>RD</sup>): **JULY 1<sup>ST</sup>**

SPRING SEMESTER (2<sup>ND</sup> & 4<sup>TH</sup>): **DECEMBER 1<sup>ST</sup>**

**Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_  
(Last) (First) (MI)

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Semester of Readmission Request:**    2<sup>nd</sup> Semester    3<sup>rd</sup> Semester    4<sup>th</sup> Semester

I accept responsibility for working with the Nursing Division Office on all necessary competency exams and payments, and if approved authorize that my degree program be changed to Associate of Applied Science 00.00c

