

ALABAMA SOUTHERN COMMUNITY COLLEGE  
NURSING PROGRAM REINSTATEMENT APPLICATION  
Revised June 2016



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COLLEGE**

**NURSING PROGRAM**

**REINSTATEMENT APPLICATION**

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Dear Nursing Student,

Thank you for your interest in returning to our nursing program. In our attempt to help you succeed, we are requesting submission of a Letter of Intent. This Letter should address answers to the following questions, which will help you and the faculty to evaluate your request.

1. What personal and/or academic factors led to your previous withdrawal/or failure?
2. What changes, personal and/or academic, have occurred that will foster your success if reinstated?
3. Considering the above mentioned changes, what are your personal and academic goals for correcting factors that have proven detrimental to your success in prior nursing classes?

The faculty at Alabama Southern genuinely desire to see you succeed in this program and will go to great lengths to foster your education. Success, however, ultimately depends on you and your commitment. Please attach your Letter of Intent to your nursing application with ACT results and submit to the Nursing Department.

We look forward to hearing from you. Please feel free to call for further questions at 580-2257.

Sincerely,

Dr. Corine January, RN, MSN, Ed.D  
Department Chair of Associate Degree Nursing

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**Applying For Reinstatement:** \_\_\_\_\_ **Course(s) to be reinstated** \_\_\_\_\_

**Application Deadline:** Due in the Monroeville or Thomasville office within 48 hours of posting of the last final grade for semester classes in order to be considered for the following semester. All other reinstatement requests must be received prior to the last 3 weeks of any one semester.

**I. PERSONAL DATA**

**Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ ASCC Student Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**II. EDUCATION**

**List all colleges attended including current college.** (Add separate page as necessary)

Name of College (DO NOT ABBREVIATE)	Year(s) attended	Degree (if completed)

**HAVE YOU PREVIOUSLY BEEN ADMITTED TO A NURSING PROGRAM? YES \_\_\_ NO \_\_\_**

**If YES, a letter from that program Dean/Director must be sent to the ASCC Nursing Department indicating you have not been dismissed for disciplinary or unsafe practice.** List the college(s), dates attended, and reason for withdrawal.

\_\_\_\_\_  
\_\_\_\_\_

**A COPY OF YOUR ACT RESULTS MUST BE ATTACHED TO THIS APPLICATION. (There is no date limitation).** Your name, as listed when tested: \_\_\_\_\_

**I understand that completion of this application is a component of the student profile and does not in itself grant admission to the Nursing Program. I understand a new application must be submitted if I am not selected and wish to reapply. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or to refuse admission. All application materials become the property of Alabama Southern Community College. It is the sole responsibility of the applicant to ensure that the Nursing Department has received all of the requested documentation.**

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All information must be submitted by the appropriate deadline or the application will be considered incomplete. It is recommended that applicants check with the Admissions Office, at (251) 575-8222, to confirm ACTIVE STATUS and confirm ALL TRANSCRIPTS are on file and up to date. Check the minimum admission standards listed on the next page before submitting your application.

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Applicant's Signature

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Date

**Address for mailing application:** Alabama Southern Community College  
Nursing Department  
P.O. Box 2000  
Monroeville, AL 36461

Or

Alabama Southern Community College  
Nursing Department  
P.O. Box 2000  
Thomasville, AL 36784

**Or hand deliver to:** Nursing Building, room 102A, on the Monroeville Campus  
Nursing Building, room 101, on the Thomasville Campus.