



W. Cary Edwards School of Nursing Accelerated 2nd Degree BSN Program INTENT TO RETURN FORM

Use this form if you are seeking readmission to the Accelerated 2nd Degree BSN Program. You must be in good financial standing with the University, and express a desire to return to the Program within one (1) year of having been enrolled in the Program. Those who have left the Program longer than one year must complete a new admission application. Readmission to the Program is competitive and dependent on space availability. You are not guaranteed readmission into the program. If you begin the program in the October term and are unsuccessful, you may apply to return in the appropriate term of the April cohort.

Criteria for readmission to the Accelerated 2nd Degree BSN program includes:

- 1) Completion of Intent to Return Form;
- 2) Proficient or higher level score on ATI TEAS exam (paid for by student);
- 3) Faculty recommendation;
- 4) A written plan of how you will be successful if readmitted;
- 5) Passing scores on Dosage and Calculation Test (score 90% or above), Medication Administration Test, and Assessment Test*; and
- 6) Space availability in the class.

An interview with the Admission Committee will be required, as well as a non-refundable \$500.00 deposit (to be applied to that term's tuition) to hold a place in the class. All deposits are non-refundable, even if you choose not to accept readmission if offered.

Students must submit the Intent to Return Form by emailing it to nursing@tesu.edu . Please refer to the chart below, which identifies the deadlines for submission.

*Dosage and Calculation Test, and evaluation of medication administration and assessment skills in the SIM lab must be scheduled with educator and passed **prior** to acceptance into the program. These tests may only be attempted once.

Restart Date	Application Due Date	Decision
October Term	July 1 st	By September 1 st
January Term	October 15 th	By December 1 st
April Term	January 15 th	By March 1 st
July Term	April 15 th	By June 1 st

Please Fill Out Completely:

First Name	Last Name	Middle Initial
Address		
Email Address	Phone Number	
TESU ID#	Last Term Active in Program	
Have your financial obligation with the college been met?		
Requested restart date:		

Respond to the following in a separate document.

Include your name, date and signature.

1. Why do you think you failed the course?
2. Why are you interested in returning to the Accelerated 2nd Degree BSN (BSNA) program?
3. What, if anything, has changed since you were active in the program?
4. How have you maintained your nursing skills and knowledgebase since you last attended the BSNA Program?
5. If re-admitted, how do you plan to successfully complete your studies?