



SAMUEL MERRITT UNIVERSITY

Application for Readmission

To be considered for readmission:

- Complete the Application for Readmission
- Attach an transcripts of additional academic work since leaving Samuel Merritt University
- Personal statement regarding readmission

Please type or print clearly with a pen

For which program are you applying for readmission?

Bachelor of Science in Nursing

Accelerated BSN

Entry Level MSN

_____ Case Management or _____ Family Nurse Practitioner

Other, please specify _____

For what term are you seeking readmission? _____

When did you last attend Samuel Merritt University? _____

Name _____

Name(s) that appear on educational records if different from above: _____

Mailing Address _____
Street City State Zip

E-mail Address: _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Social Security Number _____

Date of Birth _____ Country of Birth _____

Are you a citizen or permanent resident of the U.S.? Yes No If no, what country? _____

Have you ever been convicted of a felony? Yes No If so, explain on a separate sheet.

OPTIONAL INFORMATION

The following information will not be used in the admission decision. It will be used for statistical purposes and planning.

Ethnic Identity: Black/African American Asian American/Pacific Islander
 American Indian/Alaskan Native Hispanic/Latino White/Caucasian (non-Hispanic)
 Other

EMERGENCY CONTACT INFORMATION

Person to notify in case of an emergency _____
Home Phone_(____)_____ Work Phone _(____)_____
Cell Phone_(____)_____

EDUCATIONAL BACKGROUND

Please provide information on any universities attended since leaving Samuel Merritt University.

College/University _____
Dates Attended _____

College/University _____
Dates Attended _____

College/University _____
Dates Attended _____

COURSES IN PROGRESS

Please list any courses you currently have in progress or plan to complete prior to your requested readmission to Samuel Merritt University.

Course Name _____
Course Number _____
Institution _____
Completion Date _____

Course Name _____
Course Number _____
Institution _____
Completion Date _____

Course Name _____
Course Number _____
Institution _____
Completion Date _____

Course Name _____
Course Number _____
Institution _____
Completion Date _____

PERSONAL STATEMENT

Please respond using a separate sheet of paper.

1. Please explain your reasons for seeking readmission to Samuel Merritt University.
2. How have your circumstances changed since you last attended the program?
3. Is there anything else you would like the Admission and Academic Policy committee to know when considering your application for readmission?

SIGNATURE

I Certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of this application

Signature _____ Date _____

**Return application to
Samuel Merritt University, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609**