

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

READMISSION DEADLINES:

FALL SEMESTER (3RD): **JULY 1ST**

SPRING SEMESTER (2ND & 4TH): **DECEMBER 1ST**

Name: _____ **Student ID Number:** _____
(Last) (First) (MI)

E-mail: _____ **Phone:** _____

Semester of Readmission Request: 2nd Semester 3rd Semester 4th 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 _____

