**YORK COLLEGE, CUNY**

**DEPARTMENT OF NURSING**

**SCHOOL OF HEALTH SCIENCES AND PROFESSIONAL PROGRAMS**

**INTENT TO RETURN TO NURSING**

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

**Emply ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program (Circle): MSN RN TO BS GENERIC**

**I would like to return to the following course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the following semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe below your commitment to and plan for success for the above course(s) and steps you have taken to ensure your ability to complete the program\*.**

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**\*Note attach additional comments/documentation on a separate sheet.**

**I understand that my return is contingent upon space available in the course and** **you must return within one year of leaving (if not you will have to go through the admission process again, reapplying does not guarantee readmission to the program).**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit the completed form together with any pertinent documentation, no later than June 15th for re-entry into the Fall semester or December 30th for re-entry into the Spring semester (you must return within one year of leaving, see above) to:**

**Nursing Program (Room 110, Science Building)**

**York College 94 - 20 Guy R. Brewer Blvd. Jamaica, NY 11451**