



Readmission Recommendation Form

Please use this form for both the Advisor and Office of Student Success Reference Requirements

Student Name: _____

Advisor/Student Success: _____ Date: _____

1. Please rate the student in terms of the following characteristics by circling the appropriate number:

	Needs Improvement	Average	Above Average	*N/A		
Progress: Has the student shown progress?	1	2	3	4	5	
Initiative: Did student seek assistance?	1	2	3	4	5	
Time-Management: Does the student manage their time well?	1	2	3	4	5	
Academic Skills: Does the student have the required academic skills?	1	2	3	4	5	
*N/A = not able to assess						

2. Additional help used prior to leaving BSMCON:

- Study skills
- Test Taking
- Time-Management
- Financial Resources
- Simulation practice, Open lab hours
- Peer Support
- Other: _____

3. Describe the applicant's desire or motivation for pursuing a nursing degree.

I recommend that the above-named student be:

- Re-admitted unconditionally
- Re-admitted with conditions (see comments)
- Re-admitted with reservations (see comments)
- Denied readmission (see comments)

Comments:

Advisor/Student Success Signature: _____ Date: _____