

# Northwestern State University

## College of Nursing

### Undergraduate Studies in Nursing

#### REQUEST TO REPEAT/RE-ENROLL/RE-ENTER

Failure to successfully complete a nursing course or continue in the established progression listed in the curriculum pattern in which a student is enrolled removes a student from the established enrollment sequence and, therefore, subjects the student to additional enrollment considerations.

The priority for enrollment in nursing courses is for those students who:

1. Meet the eligibility requirements for initial enrollment in nursing courses, or
2. Successfully progress to the next required level without having to repeat/re-enroll/re-enter nursing courses.

The enrollment of a student who is repeating a nursing course for re-entering the progression sequence will be permitted on a “space available” basis, and will be with Director of Undergraduate Studies in Nursing approval only. Enrollment space for a student cannot, therefore, be “reserved” or “guaranteed” for any subsequent semester. Specific faculty-student ratios are mandated by the Louisiana State Board of Nursing; therefore, course enrollment must be carefully evaluated each semester.

A student who desires to repeat/re-enroll/re-enter a nursing course must fulfill the following criteria:

- Meet eligibility requirements to enroll in the University and in the nursing curriculum.
- Complete and submit a REQUEST TO REPEAT/RE-ENROLL/RE-ENTER A NURSING COURSE FORM to the Office of the Director for Undergraduate Studies in Nursing at least six (6) weeks prior to the scheduled semester in which the student is requesting enrollment.

\*Enrollment – being listed on the official class roll after the final day to register, add courses, or section changes.

\*Repeat – having prior enrollment in a nursing course.

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REQUEST TO REPEAT/RE-ENROLL/RE-ENTER A NURSING COURSE

Name \_\_\_\_\_ SID \_\_\_\_\_  
Last First Middle Maiden NOT Social Security Number

Mailing Address: No. & Street Apt # City State Zip

PrimaryPhone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

This is to request that I be allowed to repeat/re-enroll/re-enter the following nursing course(s):

Nursing \_\_\_\_\_ Semester/Year \_\_\_\_\_

Nursing \_\_\_\_\_ Semester/Year \_\_\_\_\_

Nursing \_\_\_\_\_ Semester/Year \_\_\_\_\_

I understand that completion and submission of this form DOES NOT guarantee that I will be allowed to enroll in the nursing course(s). I understand that priority for enrollment in the nursing course(s) will be given to students who are not repeating or re-entering nursing courses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit completed form to:

Director of Undergraduate Studies in Nursing  
Northwestern State University  
College of Nursing  
1800 Line Avenue  
Shreveport, LA 71101