**RE-ENTRY APPLICATION**

**GENERAL INFORMATION**

- A student who is ineligible to continue in the BScN program due to failure to meet academic regulations of the School of Nursing may apply for re-entry to the program after one full academic year has elapsed since removal from the program. Exceptions may be made when there are extenuating circumstances which are supported by documentation. Students may only apply to re-enter the stream from which they were removed. Students removed from the BScN program who were also removed from McMaster University due to failure to meet the minimum GPA requirements for continuation must apply for reinstatement (not re-entry); please contact the McMaster Registrar’s Office for further information: https://registrar.mcmaster.ca/contacts/

- Students seeking re-entry must submit this form to the School of Nursing by **February 1** to be eligible to re-enter in September of that year. Students are considered for re-entry for September entry only.

- Students will be required to outline the reasons for previous unsatisfactory academic performance, reasons for requesting re-entry at this time (including documentation of what has been done to correct previous problems), reasons why the student would expect to succeed in the BScN program if re-entry is approved (i.e. what was the previous problem and what has been done to correct it), and activities since last registered in the BScN program including all academic work. Re-entry is not automatic or guaranteed.

- A student who is approved for re-entry to the program will be required to complete a reintegration plan that will facilitate returning to the BScN program prior to enrollment in courses. Additionally, the student may be required to repeat any or all of their previously completed courses in the BScN program, which will be explicitly outlined in the terms and conditions of their re-entry.

- Students who are approved for re-entry to the BScN program will be placed on program probation, and calculation of their Grade Point Average (GPA) will begin anew. If at any review after re-entry the student’s GPA falls below 5.0, the student will be removed from the BScN program. Students who are approved for re-entry/reinstatement to the program may not apply for subsequent re-entry if removed again.

**APPLICATION INSTRUCTIONS**

- This form must be fully completed by the student and **must be accompanied by supporting documentation** (see above). Please submit the form and documentation by **February 1** to the appropriate site:
  - Mohawk & McMaster site students – BScN Program Office via email (bscnadvising@mcmaster.ca), fax (905-570-0667), or in person (HSC 2J34)
  - Conestoga site students – Conestoga Academic Advising Office via email (aharrison@conestogac.on.ca) or fax (519-748-3562)

- The School of Nursing will review requests and notify students via email once a decision has been reached. Students can expect to be notified of the outcome of their request in June.
RE-ENTRY APPLICATION

This form must be fully completed by the student and submitted to the School of Nursing by February 1. Please read and follow the guidelines on page 1 of this form.

STUDENT INFORMATION

Student Name: __________________________ McMaster ID #: ________________________
Email Address: __________________________ Telephone Number: ______________________

RE-ENTRY INFORMATION

Site:  □ McMaster  □ Mohawk  □ Conestoga  Level:  □ 1  □ 2  □ 3  □ 4
Program Stream:  □ Basic (A)  □ Post RPN (E)  □ Accelerated (F)
Desired term of Re-Entry:  20______  □ Fall  □ Winter  □ Spring/Summer

REASON FOR REQUESTING RE-ENTRY

Please outline the reasons for previous unsatisfactory academic performance, reason for requesting re-entry at this time, reasons why you would expect to succeed in the BScN Program if re-entry were to be approved (i.e. what was the previous problem and what has been done to correct it), and activities since last registered in the BScN Program including all academic work. You may attach additional pages if necessary.
________________________________________________________________________________________
________________________________________________________________________________________
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☐ I have read and understand the McMaster BScN Program Re-Entry policies.

☐ I have attached supporting documentation and have clearly explained the circumstances of my request.

Student signature: __________________________ Date: __________________

FOR OFFICE USE ONLY

☐ APPROVED  ☐ DENIED  by: __________________________ Date: __________________
☐ EMAIL SENT TO STUDENT  by: __________________________ Date: __________________
☐ REINTEGRATION PLAN FOR:  ☐ Fall 20______  ☐ Winter 20______  ☐ Spring/Summer 20______  ☐ Not applicable