

UPMC Shadyside

School of Nursing

5230 Centre Avenue
Pittsburgh, PA 15232
412-623-2950
Fax: 412-623-4854

APPLICATION FOR RE-ADMISSION

Application Fee \$25.00 (Non-Refundable)

Please make check or money order payable to:
UPMC Shadyside School of Nursing

Name: _____
Last First Middle Maiden

Full name when previously enrolled: _____

Present Address: _____
Street

City State Zip code

Telephone: Home _____ Work _____

Social Security Number: _____

In Case of Emergency Contact: _____
Name Relationship

Contact's phone number: Home _____ Work _____

Date (class) previously enrolled: _____

Courses you have successfully completed: _____

Courses you wish to re-take: _____

Have you ever been convicted of a felony? _____ Yes _____ No

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Reasons for withdrawal from the school:

Reasons desiring readmission:

I certify that all information provided on this application is true and accurate.

Signature: _____ Date: _____

All materials received become the property of UPMC SHADYSIDE SCHOOL OF NURSING and cannot be returned or forwarded.