



Mercy Hospital School of Nursing  
1401 Boulevard of the Allies  
Pittsburgh, PA 15219

**UPMC SCHOOLS OF NURSING  
APPLICATION FOR READMISSION**  
Application Fee \$25.00 (non-refundable)

Please make check or money order payable to:  
Mercy Hospital School of Nursing, 1401 Boulevard of the Allies, Pittsburgh PA 15219

Name: \_\_\_\_\_  
Last First Middle Maiden  
Full name when previously enrolled: \_\_\_\_\_

Present address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
Home Work Cell

Social Security Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship

Contact's phone number: \_\_\_\_\_  
Home Work

Date (class) previously enrolled: \_\_\_\_\_

Courses you have successfully completed: \_\_\_\_\_

Course(s) you need to retake: \_\_\_\_\_

Have you ever been convicted of, plead guilty to, or entered a plea of nolo contendere (no contest) to any violation other than a summary offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever accepted Accelerated Rehabilitative Disposition (ARD), Probation Without Verdict (PWV) or a similar court monitored program in relation to any other violation other than a summary offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain on a separate sheet of paper each offense in full.

Reason for withdrawal from the school: \_\_\_\_\_

Reason desiring readmission: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Readmission will be considered on a space available basis at the discretion of the Director/  
Associate/Assistant Director. Students are eligible for readmission one time during the program.  
Effective Date: May 23, 2013