



St. Margaret Hospital School of Nursing
221 Seventh Street
Pittsburgh, PA 15238

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

~~Please make check or money order payable to:~~
St. Margaret Hospital School of Nursing, 221 Seventh Street, Pittsburgh PA 15238

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