



SAMUEL  
MERRITT  
COLLEGE

## Application for Readmission

To be considered for readmission:

- Complete the Application for Readmission
- Attach a transcripts of additional academic work since leaving Samuel Merritt College
- Personal statement regarding readmission

*Please type or print clearly with a pen*

For which program are you applying for readmission?

Bachelor of Science in Nursing

Accelerated BSN

Entry Level MSN

\_\_\_\_\_ Case Management or \_\_\_\_\_ Family Nurse Practitioner

Other, please specify \_\_\_\_\_

For what term are you seeking readmission? \_\_\_\_\_

When did you last attend Samuel Merritt College? \_\_\_\_\_

Name \_\_\_\_\_

Name(s) that appear on educational records if different from above: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Are you a citizen or permanent resident of the U.S.?  Yes  No If no, what country? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If so, explain on a separate sheet.

**OPTIONAL INFORMATION**

*The following information will not be used in the admission decision. It will be used for statistical purposes and planning.*

- Ethnic Identity:  Black/African American  Asian American/Pacific Islander  
 American Indian/Alaskan Native  Hispanic/Latino  White/Caucasian (non-Hispanic)  
 Other

**EMERGENCY CONTACT INFORMATION**

Person to notify in case of an emergency \_\_\_\_\_  
 Home Phone\_(\_\_\_\_)\_\_\_\_\_ Work Phone \_(\_\_\_\_)\_\_\_\_\_  
 Cell Phone\_(\_\_\_\_)\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Please provide information on any colleges attended since leaving Samuel Merritt College.

College/University \_\_\_\_\_  
 Dates Attended \_\_\_\_\_

College/University \_\_\_\_\_  
 Dates Attended \_\_\_\_\_

College/University \_\_\_\_\_  
 Dates Attended \_\_\_\_\_

**ADDITIONAL COURSES**

Please list any courses you have taken, have in progress or plan to take prior to your requested readmission to Samuel Merritt College. If additional space is needed, please attach a sheet of paper. Transcripts must be submitted with this application for readmission for all courses completed since your attendance at Samuel Merritt College.

Course Name \_\_\_\_\_  
 Course Number \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Completion Date \_\_\_\_\_

Course Name \_\_\_\_\_  
 Course Number \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Completion Date \_\_\_\_\_

Course Name \_\_\_\_\_  
 Course Number \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Completion Date \_\_\_\_\_

Course Name \_\_\_\_\_  
 Course Number \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Completion Date \_\_\_\_\_

## **PERSONAL STATEMENT**

Please respond using a separate sheet of paper.

1. Please explain your reasons for seeking readmission to Samuel Merritt College.
2. How have your circumstances changed since you last attended the program?
3. Is there anything else you would like the Admission and Academic Policy committee to know when considering your application for readmission?

## **SIGNATURE**

*I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of this application*

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

**Return application to  
Samuel Merritt College, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609**