

Application for Reactivation

Nursing students who have been inactive in the program for one or more years must complete this form, then make an appointment with their Academic Advisor in person or by phone. Please note that submission of this form does not guarantee admission. You will be informed of the status of your request for reactivation when a decision has been made via email to the address provided below.

Name: _____ UMID _____

Current Address: _____
(Street) (City, State, Zip)

Email: _____

Phone: _____ Date of Birth: _____

When were you last enrolled at the University of Michigan? Year: _____ Term: _____

In what nursing program were you enrolled? BSN _____ Soph. Transfer _____

What term and year are you planning to return? _____

By my signature, I certify that all answers I have given on this application are complete and accurate to the best of my knowledge. I understand that the school may revoke my reactivation if I falsify or omit information this form requests.

Student Signature

Date