

**RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING  
Petition for Readmission/Extenuating Circumstance**

**This Petition for Readmission/Extenuating Circumstance must be typed and submitted to the School of Nursing Office along with any applicable documents. The Nursing Application must be filled out and submitted on line to [nursing@rcc.edu](mailto:nursing@rcc.edu). The Nursing Application must be requested from the Nursing Office.**

Student ID # \* \_\_\_\_\_ Date: \_\_\_\_\_

Name: \* \_\_\_\_\_ \* \_\_\_\_\_ \_\_\_\_\_  
Last First Middle

Previous Last Name(s): \_\_\_\_\_  
Prev Last Prev Last Prev Last

Address: \* \_\_\_\_\_  
Number Street Apt/Space #

\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ \* ( \_\_\_\_\_ ) \*  
City State Zip Area Code Phone #

Semester last enrolled in: \_\_\_\_\_ Year \_\_\_\_\_ Course No. Nursing: \_\_\_\_\_

Theory Grade: \_\_\_\_\_ Clinical Grade: \_\_\_\_\_

Semester Applying for: \* \_\_\_\_\_ Year 20 \* \_\_\_\_\_ Course No. Nursing: \* \_\_\_\_\_

1. Explain the circumstances of your exit from the Nursing Program.

2. State the terms, if any, of your contract for readmission to the Nursing Program.

Student ID # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

3. Describe how you have met the readmission terms. Provide documentation.

4. If you believe that you have an extenuating circumstances that would justify reevaluating an enrollment policy. Please explain in detail below

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

You must have Adobe Acrobat reader installed on your computer. This is free software; you may use the following link. <http://get.adobe.com/reader/>