

MERCER COUNTY COMMUNITY COLLEGE  
DIVISION OF MATH, SCIENCE AND HEALTH PROFESSIONS  
NURSING EDUCATION PROGRAM

ACADEMIC ACTION PLAN DOCUMENTATION FORM  
FOR REINSTATEMENT TO THE NURSING PROGRAM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Requesting Reinstatement to NRS \_\_\_\_\_

1) HESI Remediation Documentation

HESI Exam	HESI Score	Remediation Hours Completed
Fundamentals Version 1		
Fundamentals Version 2		
Mental Health		
Med/Surg Version 1		
Maternal Child		
Med/Surg Version 2		
Pediatrics		

2) Success Workshop Attendance

Name of Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

3) Advisor Meeting

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

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