

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

REINSTATEMENT TO NURSING PROGRAM REQUIREMENTS TRACKING FORM

Student Name: _____ MCCC ID#: _____

Course(s) Requesting Reinstatement to: _____

Requirement	Date Completed	Student or Faculty/ Staff Initials
Review Nursing Program Policy, "Reinstatement to the Nursing Program" at http://www.mccc.edu/nursing/NursingProgramPoliciesProcedures.htm , under Policies Regarding Admission/Readmission		
Letter of intent to return submitted to the nursing office		
Schedule appointment #1 with advisor (date: _____)		
Create academic success plan with advisor (attach copy)		
Complete all HESI exam remediation for any exams not meeting the benchmark (Benchmark for fundamentals version 1=750; all other HESI benchmarks = 850) List each exam remediation was completed for and date completed.		
Attend at least one success workshop. List workshop attended and date.		

Requirement	Date Completed	Student or Faculty/ Staff Initials
Schedule 2 nd appointment with advisor, prior to the end of the current semester, to review success plan and reinstatement requirements. (Date: _____)		
Completed required HESI exam. List exam taken.		

Upon completion of the above requirements, students seeking reinstatement must turn in this completed form in order to be considered for reinstatement. Per policy, the nursing program will be utilizing the Reinstatement Rubric based on the following criteria:

1. Date began NRS110 for the first time
2. Current cumulative GPA
3. Number of previous nursing courses failed
4. HESI exam score

Student Signature: _____

Date: _____