



Engelstad School of Health Sciences Reinstatement Process

Important: The following applies if you intend to apply to the same limited entry program or to a new/different limited entry program at the School of Health Sciences.

1. Obtain a letter of support from the Program Director of the program you were previously in.
2. Submit a completed Student Letter and letter of support to:

CSN School of Health Sciences
Dean's Office – Jo Casselman
6375 W. Charleston Blvd, Bldg. K, rm. 321
Las Vegas, NV 89146

3. The Reinstatement Committee will review your request and make a determination. Their decision is final.
4. The Reinstatement Committee will notify you of the status - approved or denied.
5. Submit Approval Notice from the Reinstatement Committee along with your application packet on or before the application deadline date of the program for which you are applying.

Note: Contact the Dean's Office (702 651-5684) for reinstatement request deadline dates.



Limited Entry Reinstatement Committee Student Letter

Please complete this form. Type all responses.

Date: _____

Student Name: _____ NSHE ID: _____

Health Sciences Program you are requesting reinstatement into: _____

Track (if applicable): _____

Reinstatement History

Have you previously applied for and been granted reinstatement to a CSN Health Sciences Program?

Yes No

If "Yes", indicate:

Semester and year you were reinstated: _____

Program you were reinstated into: _____

Attach a copy of the Reinstatement letter received from the Dean's Office.

Reapplication History

Have you previously **exited a CSN Health Sciences Program during the first semester and been readmitted by reapplication?**

Yes No

If "Yes", indicate:

Semester and year you were readmitted by **reapplication**: _____

Program you were readmitted by **reapplication**: _____

Attach a copy of the **Withdrawal letter** received from the Dean's Office.

Course(s) to be repeated for the current request for reinstatement:

1. Explanation of the factors that contributed to your inability to complete successfully the course(s):

2. Explanation of the steps you intend to take to ensure success if reinstated to the program

Student signature

Date

Note: Please attach a copy of a medical release if your withdrawal was related to an illness or injury. Please initial any changes to this form prior to submission. For questions regarding your application, please contact the Limited-Entry office at 702-651-5633.