Kingsborough Community College
Department of Nursing

INTENT TO RETURN TO NURSING/SURGICALTECHNOLOGY COURSES

Name_____ **Date**_____
Last, First

Student ID_____

Home Telephone_____

Street Address_____ **Apt**._____

City_____ **State**_____ **Zip**_____

I would like to return to the following **Course(s):**_____ **Semester** _____

Describe below your commitment to and plan for success for the above course(s) and steps you have taken to ensure your ability to complete the Program.*

_____
_____
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_____
_____
_____

I understand that my return is contingent upon space available in the course.

Student's Signature_____

***Note:** attach additional comments/documentation on separate sheet.*

Please submit completed form together with any pertinent documentation, no later than June 15th for re-entry into the Fall semester or December 30th for re-entry into the Spring semester to:

Department of Nursing (room M401)
Kingsborough Community College
2001 Oriental Blvd.
Brooklyn, NY 11235