



School of Nursing

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Remediation Application (R.N/L.PN)

Name: _____

Time: _____ A.M

_____ P.M

Address: _____

Phone Number: (____) ____ - _____

Reason for Remediation:

- First Time Board
- Advised by Board of Nursing for remedial course
- Refreshment Course

Please Check One of the Following: ()

Title: _____ Professional (R.N & B.S.N)

_____ P/N

Registration fee: \$50

An Application Fee of \$50.00 is due at time of signing the application.

Signature: _____

Date: _____