## Kingsborough Community College Department of Nursing

## INTENT TO RETURN TO NURSING/SURGICALTECHNOLOGY COURSES

Name:			Date:
Student ID:	Last,	First	
Home Telephone:			
Street Address: _			Apt.:
City:		State:	Zip:
✔ would like to retu	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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\*Note: attach additional comments/documentation on separate sheet.

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

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