



REQUEST FOR READMISSION

Student Legal Name:	
Student ID:	
Program:	<input type="checkbox"/> EMS Paramedic <input type="checkbox"/> EMS AEMT /EMT Intermediate
Date Submitted:	
Reason for re-entry:	<input type="checkbox"/> Classroom <ul style="list-style-type: none"> <input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Completed grade <70% - Success Plan needed* <input type="checkbox"/> Clinical <ul style="list-style-type: none"> <input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Completed grade <70% - Success Plan needed* <input type="checkbox"/> Clinical Failure - Success Plan needed* <input type="checkbox"/> Professional Behavior Standard Violation
Courses requiring repeat: (please circle all that apply)	<p>Term 1 – student must reapply to program via CPE processes</p> <p>Term 2 -</p> <p>EMS 2213 - Endocrine and GI/GU Theory</p> <p>EMS 2217 - Pharmacology Theory</p> <p>EMS 2223 - Advanced Trauma Theory</p> <p>EMS 2291 - Paramedic Lab I</p> <p>EMS 2313 - Neurological Theory</p> <p>Term 3 –</p> <p>EMS 2303 - Cardiovascular Theory</p> <p>EMS 2307 - Respiratory Theory</p> <p>EMS 2390 - Hospital Clinical I</p> <p>EMS 2393 - Paramedic Lab II</p> <p>EMS 2513 - Behavioral Emergencies and Communication</p> <p>Term 4 –</p> <p>EMS 2503 - Pediatric and Gynecology Theory</p> <p>EMS 2507 - Environmental Theory</p> <p>EMS 2590 - Hospital Clinical II</p> <p>EMS 2593 - Paramedic Lab III</p> <p>EMS 2790 - Capstone Field Experience</p>

* Student must make an appointment with the HWPS Achievement Coach to begin the success plan. 224-4111



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By signing below, I indicate that I have been made aware of the following:

1. Re-entry into the programs is on a space available basis ranked using the prioritization outlined in the Student Handbook.
2. I may have to wait multiple terms before readmitted.
3. If I am not able to return in the next semester, I will have to be fingerprinted and drug tested again upon return to the program. If re-entry to levels 3-5, additional background check may be needed to remain compliant with New Mexico Department of Health requirements. Students will be responsible for costs.
4. I must follow the current EMS Program student handbook and meet all requirements for graduation listed under the current catalog upon my return.

Student Signature	Phone Number (s)	Email Address

NOTES: