



# Application for Re-entry

Student Name:

Address:

Date of Birth:

Student ID:

Phone:

Campus:

Email:

Degree and major:

Month of Re-Entry:

Reason for Re-Entry:

Student Name:

Student Signature: \_\_\_\_\_

Date:

**Instructions: This form must be processed by all departments prior to a final decision.**

## ADMINISTRATIVE USE ONLY

GPA:

LDA:

COURSE:

ACADEMIC PROBATION: YES  NO

MET WAITING PERIOD: YES  NO

HESI SCORE:

UNIFORM: YES  NO

IMMUNIZATIONS: YES  NO

BACKGROUND CHECK: YES  NO

TRANSCRIPTS YES  NO

BALANCE:

NEW GRADUATION DATE:

ACADEMIC APPROVAL: YES  NO

NOTES/DENIAL REASON:

SSC

FA

BUR

DON

PROV

REG

DOA

CD