

# RE-ENTRY REQUEST



**IMPORTANT: ALL fields below are REQUIRED. The form will be returned if incomplete.**

**Student name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Degree program:** \_\_\_\_\_ **Check one:**  International  Domestic

<b>To be completed by student</b>
Was your last date of attendance within 365 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", you must apply for readmission.
For which term/year are you requesting re-entry? _____
Were you in good academic standing when you last attended? <input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have an unresolved holds on your account? <input type="checkbox"/> YES <input type="checkbox"/> NO
Were you awarded any scholarship(s) prior to your absence? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please contact Financial Aid to determine eligibility.
_____ Student Signature/Date

<b>To be completed by advisor</b>
Confirmed last date of attendance: _____ <span style="margin-left: 150px;"><small>(mm/dd/yyyy)</small></span>
Within 365 days? <input type="checkbox"/> YES <input type="checkbox"/> NO
If re-entry is approved, can student complete within the time-to-degree limit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Good academic standing? <input type="checkbox"/> YES <input type="checkbox"/> NO
Active holds? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please list:
_____ Advisor's Signature/Date

**Please submit the completed form to Student Services for processing.**

**For administrative use only:**

Program Director recommendation:  Approved  Disapproved

\_\_\_\_\_  
**Program Director name (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For Registrar's Office use only:**

The above changes have been made to CX:  PER  Accomp  Involv  Registration Clearance Checked

**Processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_