

## Re Admission Request Form

**To be completed by the student:**

Student Name:	Student Id #	Program:
Email:	Phone #:	Date:
Student Status:	( ) Domestic	( ) International
Reason for initial withdrawal:		

I would like to apply for re-admission to my last program starting:

- ☐ Fall Semester  
☐ Winter Semester  
☐ Summer Semester

**Office Use Only:**

Last Semester Attended: \_\_\_\_\_ Academic Standing: \_\_\_\_\_ CGPA: \_\_\_\_\_

Recommendation: ☐ Admit ☐ Admit Conditional ☐ Denied

Reasons for Decision: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_