



APPLICATION FOR RE-ADMISSION

ID NUMBER: _____ DATE _____

STUDENT NAME: _____

EMAIL: _____ PHONE: _____

DO YOU HAVE A MILITARY AFFILIATION? YES NO

NAME WHILE IN ATTENDANCE (if changed): _____

ADDRESS: _____

DIVISION:
 UNDERGRADUATE
 GRADUATE

DATE OF LAST ATTENDANCE: _____

INTENDED MAJOR: _____

PROPOSED ENTRY: Summer 20__ Fall 20__ Spring 20__

INSTITUTION(S) ATTENDED SINCE LEAVING ST. JOSEPH'S COLLEGE:
(Please attach official transcript(s) in original sealed envelopes from all institutions attended.)

- No other institution attended since SJC.
- Institution(s) attended since SJC: _____
- » _____

APPLICANT SIGNATURE

(OFFICIAL USE ONLY)

- The above student may be re-admitted to St. Joseph's College in the intended major.
- Do not admit the above student in the intended major.

» _____
CHAIRPERSON OF INTENDED MAJOR

BURSAR: NO FINANCIAL LIABILITY FINANCIAL LIABILITY OF _____

Was a dismissal initiated by the Academic Development Committee OR the Office of Student Life? (If yes, requires appropriate signature.)

YES NO

» _____
ADC ADVISOR/CHAIR or VP for STUDENT LIFE

» _____
DATE

» _____
EXECUTIVE DEAN/DESIGNEE

» _____
DATE

BROOKLYN CAMPUS