

A.T. STILL UNIVERSITY | ATSU

Application for Re-Admission

Name [please print] \_\_\_\_\_ Date Submitted \_\_\_\_\_ Phone Number \_\_\_\_\_

Student ID# \_\_\_\_\_ Program \_\_\_\_\_ Class Year \_\_\_\_\_

Email \_\_\_\_\_ Desired Return Date \_\_\_\_\_

Please attach any required documentation to support re-admission.

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

\_\_\_\_\_  
Date

**Student Applicant: Please send completed application to Enrollment Services. Email: [enrollmentservices@atsu.edu](mailto:enrollmentservices@atsu.edu) or Fax: 888.676.6701.**

**For Dean's Office Use Only**

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Dean of school: Return this form to [enrollmentservices@atsu.edu](mailto:enrollmentservices@atsu.edu) and include a copy of the letter sent to the student if any re-admission stipulations are required. Enrollment Services will notify the Admissions Office.