

Application for Re-Admission

Name _____ Student ID# _____

Program _____ Class Year _____

Email _____ Phone Number _____

Desired Return Date _____

Please attach any required documentation to support re-admission.

Student Signature

Date

Student Applicant: Please submit completed application to Enrollment Services.
enrollmentservices@atsu.edu

For Dean's Office Use Only

APPROVED

DENIED

Dean

Date

Dean of school

- Return this form to 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.