COLLEGE READMISSION EVALUATION FORM



Name:	Student ID:	
Phone:	E-Mail:	
no later than two weeks be	and related documentation to your Co fore the <u>University's readmission deac</u> r readmission must submit this form to	
2. Check the <u>Virtual Advising C</u> readmission request.	<u>center</u> for communication from your co	llege regarding the status of your
3. If your request is approved, <u>University's readmission de</u>	you must submit the University's Read radline.	Imission Application by the
4. My signature below acknow	rledges that I have read the instruction	s above.
Student's Signature:	Signature: Date:	
	SECTION 1: PERSONAL STATEMENT	
you will utilize. Attach a copy of transcripts from all inst a. Meet with your major department of the proposed major) to develop a re	SECTION 2: ACADEMIC PLAN ent/program advisor (your declared magalistic plan for the next three quarters	ajor, or if you are changing majors, your
	i m advisor must endorse this plan. t and include remaining general educa [;]	tion or University requirements.
revious Major: Proposed Major:		
Quarter:	Quarter:	Quarter:
OFFICIAL USE ONLY: MAJOR ADVISOR E	NDORSEMENT	
Comments:	Date:	
OFFICIAL USE ONLY: COLLEGE REVIEW		
APPROVED DISAPPROVED Quar	ter of Return: Signature,	/Date