

# Course Request Form: Re-entry Students

Today's Date: \_\_\_\_\_ Request re-entry for: Fall Spring Year \_\_\_\_\_

(circle one)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Lc mail: \_\_\_\_\_

**Course Failed: (student failing >1 course do not qualify for re-entry)**

Course Name	Semester/Yr	Grade	Instructor(s)

**Academic Plan for returning semester (see policy for requirements):**

- Clinical Course: **List** \_\_\_\_\_  Failed course: **List**: \_\_\_\_\_
- Clinical theory course: **List**: \_\_\_\_\_

**Advisor Information:**

**Financial Aid review of resources** Fin. Aid Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Narration from student attached**  **Re-entry application attached**  **Fee paid**

**Certified profile attached** (Immunization, CPR, & Background Check are in compliance)

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_