

APPLICATION FOR READMISSION AS A DEGREE CANDIDATE

Readmit Term (ex: 201	3 iaii)		ID or :	>>#		
Name	First			//C		
Last	FIRST	MI	Maiden	(If applicable)		
Mailing Address		City	State	Zip Code	County	
Gender: Female M	ale	Email Address				
Telephone Numbers: H	ome	Cell	Office			
Have you ever been cor	nvicted or pleaded $arepsilon$	guilty to a felony?	Yes* No_ *If yes, please attack		t of explanation.	
Year you last attended	Capital		ate? Yes* ing an additional deg		No	
Are you changing progr	ams from Adult & G	iraduate Education t	o Traditional?	Yes	No	
Are you changing progr	ams from Tradition	al to Adult &Gradua	te Education?	Yes	No	
Indicate name attended	d under when last a	t Capital				
Your intended Major(s)						
Requested Advisor(s) _						
Do you plan to live on c Residence Life of your i	-					
Name of college(s) atte colleges and universitie		ng since leaving Cap	ital: (Include all	graduate :	and undergraduate	
College/University			Dates of Atte	ndance		
College/University	ollege/University			_ Dates of Attendance		
College/University		Dates of Attendance				
Education. To	assure proper cour	e submitted to the ese scheduling, it is sion, but not later th	imperative tha	t all trans	cripts be received	
Are you planning to rec	eive Financial Aid?	Yes No				

If you would like to be considered for any need-based financial aid, you must file your FAFSA at www.fafsa.ed.gov. If you were not in good academic standing when you left Capital, you may need to appeal to receive your merit-based funds upon your return. Please check with the Financial Aid Office to determine if any additional documents are needed.

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Additional Information:

Any student previously on **academic probation** or **suspension** at the time of leaving Capital must include a statement with this application answering the following questions:

- 1. In what activities have you engaged since you last attended Capital?
- 2. Why do you feel you are now ready to continue your degree objectives and demonstrate academic progress?

Your readmission will be approved or disapproved by the Dean of the University. You will be notified accordingly. Any student dismissed from the University must appeal to the Provost of the University for consideration of reinstatement.

Once all required signatures are obtained, you will be notified on the decision are your readmission application.

I hereby certify the information supplied above is correct.

Student Signature	Date					
Readmission Approvals:		:::::::::::::::::::::::::::::::::::::::				
Financial Aid Office	Date					
Perkins/NSL						
Student Accounts						
Program Director**(only if majoring in Nursing, Music, Education or	Date Social Work)					
After all the signatures above have been obtained, yo	ou must acquire the final approval signature.					
Dean of Studies	Date					
Office of the Registrar Use Only						
Date Received:	by:					