

Education Re-Admission Application Form

(For Dominican Credential Completers who return to complete the 16 unit Master's only!)

This application **MUST** be attached to the corresponding Registration form.

Date: _____	Semester/Year Returning: _____
Student ID#: _____	
Name: _____	
Address: _____	City: _____
State: _____	Zip: _____
Phone: _____	Email Address: _____

Please note: All returning students must meet the graduation requirements in effect at the time of re- enrollment. Credential Completers who do not return within five years must re-apply for admission through the admissions office.

I was registered here from _____ to _____
Month/Year
Month/Year

I have attended another college since leaving Dominican. Please note: If yes, you must attach the official transcript(s) when turning in this form.

☐ Yes (List Colleges Attended): _____
☐ No

I intend to apply for Financial Aid:

☐ Yes ☐ No

(Please make an appointment with the Financial Aid office)

The following signatures are required:

Business Services: (zero balance)		
	<i>Signature</i>	<i>Date</i>
Financial Aid: (if applicable)		
	<i>Signature</i>	<i>Date</i>
Program Director:		
	<i>Signature</i>	<i>Date</i>
Credential Analyst:		
	<i>Signature</i>	<i>Date</i>
Student:		
	<i>Signature</i>	<i>Date</i>

Department of Education

Program Name: _____	Major Code: _____
Advisor (print name): _____	

Registrar

Catalog Year: _____	Advisor: _____	Last DUoC Term: _____
Transcripts: _____	Academic Standing: <input type="checkbox"/> Prev <input type="checkbox"/> Crnt <input type="checkbox"/> Reg <input type="checkbox"/> Ltr	