

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) _____
Signature *Date*

Financial Aid:
 (if applicable) _____
Signature *Date*

Program Director: _____
Signature *Date*

Credential Analyst: _____
Signature *Date*

Student: _____
Signature *Date*

Department of Education

Program Name: _____ Major Code: _____

Advisor (*print name*): _____

Registrar

Catalog Year: _____ Advisor: _____ Last DUoC Term: _____

Transcripts: _____ Academic Standing: Prev Crnt Reg Ltr