



EOF RE-ADMIT FORM

Name _____ Date _____

Address _____
Street Apt./Fl. City State Zip

Home Telephone _____ Work Telephone _____

Social Security Number: _____ RUID#: _____

Last semester registered (year): Fall _____ Spring _____

Student will graduate (year): Fall _____ Spring _____

Number of credits currently enrolled: _____

Cumulative credits: _____ Cumulative GPA: _____

Reason for Separation:

Reason for Reentry:

Student Signature & Date _____

COUNSELOR USE ONLY:

Counselor Name: _____

Approved by: _____ Date: _____