

Re-admission Request Form

Instructions:

Please complete the following information and return to the Office of Admissions.

Personal Data	Student Information
*Name (please list all names used)	
*Local Street Address/PO Box	
*City, State, Zip	
*Primary Phone Number	
Race/Ethnic Status	Hispanic? Yes / No 2 or More Races? Yes / No What race/s?
*Country of Citizenship	
*Academic Term last attended	
*Academic Program you want to pursue at CUKC	
*Academic Term expected for readmissions	

* Required fields.

Have you ever been charged with or convicted of any misdemeanor or felony? Yes / No

If you circled yes, please list all and explain on a separate sheet of paper and attach to this application.

List ALL colleges or universities attended since last attending Cleveland University-Kansas City (*transcripts from these schools must be sent to CU-KC*).

By signing below, I affirm that the above information is true and accurate. I understand that this is an application of re-admission only, not a guarantee of re-admission. I understand that the appropriate College Dean and the Vice President of Academic Affairs will review my entire academic history along with the University catalog to determine if I am eligible for re-admittance. I understand that I must have official transcripts sent to CUKC from each and every college attended since my first enrollment at Cleveland University-Kansas City before my application to be reviewed. I understand that falsification of any information, misdemeanors, or felonies are grounds for denial of re-admission or dismissal from the University, with no further reason.

If my readmission is approved, I will be responsible for completing a Re-entry form with the appropriate signatures and once complete, that form will be submitted to the Director of Academic Records and Support for scheduling. I agree to abide by the rules and regulations as stated in the University catalog and the University student handbook. If approved, I certify that I wish to be enrolled in the appropriate coursework for the applicable trimester.

Student signature

Date