



- CHIROPRACTIC
- ACUPUNCTURE

## REQUEST FOR RE-ENTRY

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Permanent/Forwarding Address: \_\_\_\_\_  
(If different from above)  
\_\_\_\_\_

I hereby request to be re-admitted to the Southern California University of Health Sciences for the:

Spring    Summer    Fall   20 \_\_\_\_\_ Trimester

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have each Department in the order below **sign and date** once they have completed each procedure.

\_\_\_\_\_ 1) Academic Support Office – Meet with academic counselor to discuss schedule, course offerings and academic plan

\_\_\_\_\_ 2) Student Accounts – Pay \$25 Re-Entry Fee and clear any unpaid balances

\_\_\_\_\_ 3) Financial Aid – Meet with Financial Aid counselor to determine financial aid eligibility, update documents, and confirm full time academic status  
(N/A if you are cash paying student)

\_\_\_\_\_ 4) College Dean- Have the Dean Sign and approve Re-Entry

\_\_\_\_\_ 5) Registrar – Meet with Registrar to get registered for the next terms courses

Notes: