



Fall/Spring \_\_\_\_\_ Year \_\_\_\_\_

Requested

Semester-Entry Date

Date Rec'd

Re-Entry Course

NAME & ADDRESS

First Name

Last Name

Student ID #

Street /City

State

Zip Code

E-Mail Address

Phone Number

WHAT WERE THE BARRIERS TO YOUR SUCCESS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT REMEDIATION HAVE YOU COMPLETED?

Please detail your remediation plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT CHANGES HAVE YOU MADE IN YOUR LIFE TO MAKE YOU SUCCESSFUL IN THE PROGRAM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature