

Application for Re-Admission

Vancouver Campus

This application is to be used by students who have attended Fairleigh Dickinson University – Vancouver previously and officially withdrew from the university. This form is also for those students who have been absent without official leave for more than one year. Please complete this form and return it to the Admissions Office. No fee is required.

Last Name:	First Name:		Student ID:
Program Major:	Concentration:		Date of Birth:
E-mail:	Home Phone: ()		Cell Phone: ()
ADDRESS			
Street:		Province/State:	
Apartment #:		Country:	
City:		Postal Code:	
	Undergraduate student	Matriculated	d: 🗌 Yes 🗌 No
Program: Part B- Please indicate previous studie	Conce Conce	ntration:	
Dates attended: From:			
Reason for leaving:			
Part C- Other institutions attended sin Name of College/University		o) MM/DD/YYYY	Credential Awarded
*Official Transcripts must be provided Are you applying for Transfer Credits:	Attached with application:	Yes 🗌 No	Comments:
Signa	ture of Applicant		Date
	TO BE COMPLETED BY R	ECORDS OFFICE	Date:
CGPR English Language Requirements met:	CUM. CREDITS CHECKED BY: □ Yes □ No		
	APPROVAL	LS	
Dean Coordinator Signature	Date	Admission	s Signature Date

Dean Coordinator Signature	Date	Admissions Signature	Date
Enrollment Services Signature	Date	Student Services Signature	Date
Comments/Conditions:			