John A. Gupton College
Application for Returning Students

Name of Applicant at Last Enrollment: _____

Name of Applicant for Readmission Request: _____

Applicant current address _____

Applicant current phone number _____

Last semester/year enrolled at John A. Gupton College? _____

Academic standing when last enrolled: ____Good ____Probation ____ Suspension

Choose ___ Withdrew from enrollment during last semester ___ Finished semester did not re-enroll ___ Courses offered already passed

Please explain the reason for withdrawing from enrollment or not re-enrolling?

_____
_____
_____
_____

What program were you last enrolled? _____AA _____AAS _____FDC

Have you completed the Funeral Director Certificate Program at John A. Gupton College: ___Yes ___No If yes, what year_____

What program are you applying for re-admission? _____AA _____AAS _____FDC

What semester/year are you requesting re-admission? _____

Have you been enrolled in another college since last enrolled at John A. Gupton College? _____Yes _____No

If yes, list the name(s) of each college enrolled: _____

Are you currently employed? _____Yes _____No   How many hours per week do you work? (if applicable) _____

If employeed list name of employer and **supervisor**: _____

Please explain your reason for requesting re-enrollment: _____

_____
_____

If re-enrollment is approved, would you enroll full-time or part-time? ___ full-time ___ part-time

_____   _____   _____
Print Name   Signature   Date

FOR OFFICIAL USE ONLY

Date Received: _____   **SAP Status _____**

Received FDC: ____Yes ____No

Decision: _____ Approved _____ Denied   **FA Signature _____**
Signatures:

_____   _____

Notes:

_____
_____
_____