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

Explain the reason for withdrawing from enrollment/not re-enrolling and your reason for requesting re-enrollment.

_____

_____

_____

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

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

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: _____

Do you have a Bachelor's Degree? _____Yes _____No

Will you be using VA Benefits? _____Yes _____No

What program were you last enrolled? ___AA ___AAS ___FDC

What program are you applying for re-admission? ___AA ___AAS ___FDC

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

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

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

_____   _____   _____

Print Name   Signature   Date

FOR OFFICIAL USE ONLY

Date Received: _____

Received FDC: ____Yes ____No   Notes:

Decision: _____ Approved   _____ Denied   _____

Signatures: _____

1. _____   _____

2. _____   _____

FA Signature

1. _____

SAP Status _____