



- CHIROPRACTIC
- ACUPUNCTURE
- AYURVEDA
- BSBS
- MASSAGE THERAPY
- YOGA TEACHER

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 Mentoring if applicable, 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: