

Student Name: _____ ID #: _____

Current Address: _____

Email Address: _____ Tel # (_____) _____ - _____

Permanent/Forwarding Address: _____
(If different from above)

I hereby request reentry to Southern California University of Health Sciences for the:

Spring Summer Fall 20 ____ term in the following program

<input type="checkbox"/> Doctor of Chiropractic	<input type="checkbox"/> Doctor of Acupuncture & Chinese Medicine	<input type="checkbox"/> Master of Acupuncture & Chinese Medicine
<input type="checkbox"/> Master of Science in Medical Science	<input type="checkbox"/> Master of Science: Physician Assistant	<input type="checkbox"/> Master of Science in Human Genetics & Genomics
<input type="checkbox"/> Bachelor of Science in Health Sciences	<input type="checkbox"/> Ayurvedic Practitioner Certificate	<input type="checkbox"/> Ayurvedic Wellness Certificate
<input type="checkbox"/> Health Education Certificate	<input type="checkbox"/> Graduate Certificate in Human Genetics and Genomics	<input type="checkbox"/>

Student Signature: _____ Date: _____

RETURN COMPLETED FORM TO OFFICE OF THE REGISTRAR TO PROCESS THE REQUEST FOR REENTRY

Departments: Please **sign and date** once you have completed your review and the student may progress to the next step.

- _____ 1) **Student Support Office/LACC Academic Advising** – Meet with student to develop a personalized Degree Completion Plan and register for the next term.
- _____ 2) **Student Accounts** – Contact student to pay current Reentry Fee and clear any unpaid balances.
- _____ 3) **Financial Aid** – Contact student to determine financial aid eligibility, update documents, and confirm full time academic status.
- _____ 4) **Academics** – Program Director/Dean review and approve Reentry.
- _____ 5) **Registrar** – Student Support Office/LACC Academic Advising submits Degree Completion Plan to Registrar

Notes: