

Request f	or Readmissior
Semester of Return:	

To reapply to the College, please complete this form with the Registrar's Office. Readmission is at the discretion of the College.

Name	
Address	
City/St/Zip	Cell Phone
Non FTC Email Orig	ginal Program of Study
Did you attend any other institution(s) between when you left FTC and	d now? No Yes - Please provide official transcript(s).
Have you ever been convicted of a felony? No Yes	
Are you requesting to return to your original Program? No Yes	s – if no, please indicate new desired program. Please note that some
$programs\ require\ additional\ Audition/Portfolio/GPA\ requirements.\ \textbf{New}$	Program:
	on(s) for wanting to return – it is not enough to simply state that you want ease detail how you will achieve and maintain the appropriate GPA. You
any offer of readmission if I have withheld or falsified information. I also	er understand that Five Towns College reserves the right to amend or rescind to certify that I have read the Academic Catalog and agree to abide by the distribution of the other charges as they become due. I understand that readmission is based mission to the same program, or the College.
Student Signature	Date
~ <u>TO BE COMPLETED BY</u>	/ THE REGISTRAR'S OFFICE ~
Student ID # Requested Return Program:	
~ TO DE COMPLETE	D DV THE DECICEDAD ~
	ED BY THE REGISTRAR ~
Chair of Dept: Do you approve this readmit?	Yes No
Bursar's Office: Do you approve this readmit?	Yes No
Academic Standards Committee: Do you approve this read	dmit? Yes No
Returning Catalog Year: Returning Semester:	Advisor: Expected Grad Date:
Readmit is: ☐ Less than 365 ☐ 365+	
Registrar's Office Representative	 Date