



APPLICATION FOR RE-ENROLLMENT IN UNDERGRADUATE PROGRAM

The *Application for Re-enrollment* is required of former undergraduate students who wish to return to a degree program in which they were previously enrolled.

Re-enrollment Policy

Departments are not obligated to approve re-enrollment of students. Re-enrollment decisions may be based on the applicant's academic status when last enrolled, activities while away from campus, length of absence, the perceived potential for successful completion of the program, the ability of the student to self-finance the program of study, as well as any other relevant factors or considerations.

Application Deadline

A completed application must be received by the Registrar's Office 90 days prior to the start of the academic session in which re-enrollment is requested. Any application submitted after this date will be processed for the subsequent academic session. Departments may require earlier deadlines. Please check with your department.

Application Requirements

Submit the following with this application to the Registrar's Office for review:

- Reason(s) for failure to complete studies on previous enrolment.
- Statement of Purpose: Describe activities since leaving AUST, as well as reasons for requesting re-enrollment.
- Transcripts (if any): academic work from any educational institution attended since last enrollment at AUST.
- Supplementary credentials (if applicable): Departments may require supplementary credentials in addition to the application. Check with your department.



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Student Name: _____ Previous Student I.D.: _____

Address: _____

Current Email Address: _____ Phone #: _____

Program in which you were enrolled at AUST: _____

Academic Year for which you now wish to apply: _____

What degree requirements are not yet completed? _____

Anticipated year of degree conferral: _____

Details and proof of how you will finance your studies

(Submit verification of tuition fees payment)

Yes

No

Student Signature: _____ Date: _____

Note: If granted, re-enrollment is permitted only for the academic year indicated above. If the applicant does not register for that term, a new application must be submitted.

OFFICE USE ONLY

Head of Department:

I support this student's application for re-enrollment

I do not support this student's application for re-enrollment

Please outline reason for refusal:

Head of Department Signature: _____ **Date:** _____
