

Application for Readmission

Casa Loma College uses the information requested on this application to process your readmission. Responses to most of the questions are mandatory. The personal information you provide is used to verify your identity with that of your CLC academic record, and to ensure and update the accuracy of your contact information.

The Registrar's Office and Casa Loma College maintain the information you provide in this application. The information is provided to the state and federal governments where required by law. According to the law, you have the right to access this information. Further information concerning disclosure of student records is published in the Casa Loma College Catalog.

A readmission application must be filed if,

- If you have been away from Casa Loma College for more than one term.
- If you were lapse from student status.

Readmission of all applicants is subject to the approval of the appropriate Program Director.

Financial Aid: Contact the Financial Aid Office for information concerning financial aid eligibility and award status.

Please print or type. Please sign and date the bottom of this form and return to the Office of the Registrar.

LAST NAME	FIRST NAME	MIDDLE
PRESENT HOME ADDRESS	ZIP CODE	
PRESENT EMAIL	PRESENT HOME TELEPHONE	PRESENT CELL PHONE
Since you were last enrolled at Casa Loma College, have you been arrested, charged of any offenses which arrest, charge or conviction has not been expunged (other than parking violation), or are any such charges pending against you?		
<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please provide a written explanation.)		
Your Signature. I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. I understand that readmission to the college may be denied if any information is found to be incomplete or inaccurate.		
DATE _____ SIGNATURE _____ ID NUMBER: _____		

FOR CLC USE ONLY: Re-enrollment (After Termination)

Name of Program <input type="checkbox"/> VN <input type="checkbox"/> DMS <input type="checkbox"/> MRI <input type="checkbox"/> MA <input type="checkbox"/> MIBC _____ Campus: <input type="checkbox"/> VN <input type="checkbox"/> Haw <input type="checkbox"/> Ana
Program Approval: <input type="checkbox"/> Student is eligible to return to Level/ Mod/Term: _____ Start Date: _____ New Group/Class ID: _____
Program Director Approval Student met all reentry requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____ Comments: _____ _____
Financial Aid Dept. Approval: Student met all Financial Aid Obligation: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____
Registrar's Use: Credit hours for previous Level enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No Plan Hrs to Complete: _____