

NEUMONT UNIVERSITY

APPLICATION FOR RE-ENTRY

NAME (Please print clearly)		EXPECTED RE-ENTRY DATE	
PERMANENT ADDRESS		SS#	
CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL

PERSONAL INFORMATION

ARE YOU ELIGIBLE FOR V.A. BENEFITS?
 YES NO

POSSIBLE METHODS OF PAYMENT
 CASH CREDIT CARD WILL APPLY FOR FINANCIAL AID 3RD PARTY (e.g. Voc Rehab, Employer)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN MINOR TRAFFIC VIOLATIONS?
 YES NO IF YES, PLEASE DESCRIBE:

PREPARATION FOR RE-ENTRY

What have you done during your time away from Neumont to prepare for your return?

Employment

Education

Community Service

Other

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This application is for re-entry purposes only and does not guarantee admissions to Neumont University. As a re-entry applicant your student file will be sent to the Acceptance Committee for consideration; your grades and transcripts for Neumont University will be included with this form. You will be notified of the Acceptance Committee's decision; please allow two weeks for processing.

By signing below, you affirm that the information contained in this application is true and correct, and that any false information in this application is grounds for denial of admission or expulsion from school.

 Signature

 Date

FAX COMPLETED FORMS TO: 801. 302.2811

TO BE COMPLETED BY UNIVERSITY PERSONNEL

REGISTRAR	RESULTS	APPROVED	STUDENT AFFAIRS	APPROVED
cGPA:			OUTSTANDING JUDICIAL ACTIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RATE OF PROGRESS:				
TRANSCRIPT:			FINANCIAL AID	APPROVED
LDA:			NU ACCOUNTS:	
			LOANS CURRENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ACCEPTANCE COMMITTEE RESULTS: <input type="checkbox"/> ACCEPT <input type="checkbox"/> DENY <input type="checkbox"/> HOLD			PROGRAM VERSION:	
ACCEPTANCE COMMITTEE REVIEWER SIGNATURE: _____			DATE: _____	