



Re-entry Application

Any degree-seeking student who has previously taken classes at University of the Potomac must complete this application before being re-admitted. **LETTER OF INTENT MUST BE ATTACHED TO THIS FORM.**

Name: _____

Student ID#: _____ Date of Birth (MM/DD/YYYY): _____

Address _____ City _____ State: _____ Zip: _____

Email _____ Phone (_____) _____ (Home/ Cell)

Last Term Enrolled at University of the Potomac? _____

Program/Concentration previously enrolled: _____

Are you planning to change program or concentration*?

No Yes. Change my program to: _____

Change my concentration to: _____

**Please note your program requirement and tuition/fees are subject to change. Talk to your academic advisor before making changes.*

Number of credit hours previously completed at UOTP: _____ Previous cumulative GPA: _____

Desired Enrollment Date at University of the Potomac? _____

Preferred Status? Full-time Part-time

Preferred Campus Location: DC VA Online

List below, in chronological order, all colleges, universities and graduate institutions attended since last enrolled at University of the Potomac. Please note that we will need all official transcripts from all institutions listed below on file in the Registrar Office. Payment of transcript fees is the responsibility of the student.

School Name, State	Dates Attended	Degree Earned (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have not attended any university since I left University of the Potomac.

By checking these boxes below:

I understand that all holds/suspensions on my account must be resolved before I can be re-admitted to the University of the Potomac.

I understand that, as part of my re-entry process, I need to submit a Re-entry Letter of Intent. The letter will be reviewed along with my Re-entry application by the Re-entry Acceptance Committee.

I certify to the best of my knowledge all statements submitted by me are correct and my own.

Signature _____ Date _____

Office Use Only

Approved: Yes No. Reason: _____

Advisor: _____ Date: _____

Printed Name/ Signature