



STUDENT REQUEST FOR ACADEMIC READMISSION
(This form must be submitted at least four weeks before the first day of classes for the quarter you wish to enter.)

NAME: _____ DATE: _____

FORMER LAST NAME UNDER WHICH RECORDS MAY BE STORED: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOC. SEC. # _____ E-MAIL ADDRESS: _____

PHONE NUMBER (DAYTIME): _____

LAST QUARTER ATTENDED N.C. STATE: _____

QUARTER AND YEAR YOU WISH TO REGISTER FOR CLASSES: _____

AREA OF STUDY (MAJOR): _____

CLASSES YOU WISH TO TAKE: _____

PLEASE LIST YOUR REGULAR WORKING HOURS: _____

WHY DO YOU WISH TO RETURN AS A STUDENT TO NC STATE?

(Please use the back of this form if more room is needed.)

IN THE PAST YOU HAD DIFFICULTY WITH YOUR GRADES. WHAT DO YOU PLAN TO DO DIFFERENTLY IN ORDER TO BE SUCCESSFUL IN YOUR ACADEMIC STUDIES? WHAT CHANGES WILL YOU MAKE?

(Please use the back of this form if more room is needed.)

Return this form to:	<u>US mail</u> Learning Support and Retention, KH-8 North Central State College P. O. Box 698 Mansfield, OH 44901-0698	<u>Fax</u> 419-755-4757 Attn: Learning Support and Retention KH-8	<u>Email</u> tlykins@ncstatecollege.edu
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NOTE: The office of the Learning Support and Retention will be in touch with you after an initial review of your request. If you need to contact this office, the phone number is (419) 755-4733.