

This information is **ONLY** for students who were previously enrolled at Saint Augustine's College and did not enroll for at least one academic semester. Students who were admitted to Saint Augustine's College and **DID NOT** attend must complete a traditional application.

**You are a re-admit student if you:**

- Withdrew from the institution in good standing
- Wish to return after a period of suspension - NOTE: If your cumulative grade point average is less than a 2.0 you must submit a letter of appeal to the Provost & Vice President for Academic Affairs

**You are eligible for re-admission when you have submitted the following documents:**

- Completed **Verification of Student** Balance form
- Completed **Verification of Social Status** form
- Statewide **Police Record Check** completed
- Updated Health and Immunization forms
- Copy of Social Security card
- Letter of Appeal (submit if GPA was below a 2.0 upon leaving)

**Points of Contact**

Office	Location	Telephone
Admissions	Delany Hall, 1 <sup>st</sup> Floor	919-516-4011
Student Accounts	Hunter Building, Room 10	919-516-4006/5089
Student Affairs/Enrollment Management	Hunter Building, Room 204	919-516-4232/4353
Gordon Student Health Center	Gordon Student Health Center	919-516-4142
Provost/Vice President for Academic Affairs	Boyer Building, Room 104	919-516-4001

**POLICE RECORD CHECK****Part I - To be completed by Applicant**Social Security Number:    -   -    Full Name: \_\_\_\_\_  
*Last First Middle Maiden*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Drivers License/Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth:        /        /        Place of Birth: \_\_\_\_\_  
*Month Day Year*Gender:  Male  FemaleEthnic Origin:  Black (Non-Hispanic)  Caucasian  American Indian or Alaskan Native  
 Asian or Pacific Islander  Hispanic  Other, please specify \_\_\_\_\_**Part II - To be completed by *your* local Police Department, Superior Court, or Judicial Affairs Department****Does the applicant have a police record, to include minor traffic violations?**  Yes  No*If yes, please explain:***Is applicant now undergoing court action of any kind?**  Yes  No*If yes, please explain:***Verified by: (Official Seal or Stamp required)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ City, State \_\_\_\_\_

## VERIFICATION OF SOCIAL STATUS

### APPLICANT

*After completing your personal information below, submit this form to the Saint Augustine's College Office of Student Affairs and Enrollment Management.*

Student Identification Number:

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Cell/Alternate: ( ) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last term of enrollment:  Fall  Spring  Summer Year: \_\_\_\_\_

### STUDENT AFFAIRS/ENROLLMENT MANAGEMENT OFFICIAL

The above named student is requesting to be readmitted to Saint Augustine's College. Please complete the requested information below and return this form to the *Office of Admissions*. Your prompt response is greatly appreciated.

Please check appropriate response.

The above student was socially suspended from Saint Augustine's College.  Yes  No

The above student is eligible for re-admission to Saint Augustine's College.  Yes  No

*Comments:*

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION OF STUDENT BALANCE**

**APPLICANT**

After completing your personal information below, submit this form to the Saint Augustine's College Office of Student Accounts.

Student Identification Number:

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Cell/Alternate: ( ) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last term of enrollment:  Fall  Spring  Summer

Year: \_\_\_\_\_

**STUDENT ACCOUNTS OFFICIAL**

The above named student is requesting to be readmitted to Saint Augustine's College. Please complete the requested information below and return this form to the *Office of Admissions*. Your prompt response is greatly appreciated.

Please check appropriate response.

- Student has an outstanding student account balance with Saint Augustine's College.
- Student does not have an outstanding student account balance with Saint Augustine's College

Balance Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Comments:  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## GUIDELINES FOR RE-ADMISSION