

THE SCHOOL OF ADULT & CONTINUING EDUCATION RE-ADMISSION APPLICATION

Lincoln University's academic policy requires ALL Re-Admit applicants to complete the Re-Admission Application. Please submit the completed application for processing via fax at 215.387.3859 or scan to <u>ucadmissions@lincoln.edu</u>. (PLEASE PRINT)

Maste	Concentration: Early Child	ertification	eadership Early Childho	od/Special Educat	
Re-Enti	ry Date: Fall/Year:	Spring/Year:	Summer/Ye	ar:	
1.	Name:(Last)	(First)	(Middle)	(Title)	
	Lincoln University Student	Identification Number:			
	Social Security Number:				
	Birth Date:(Month)	(Day)	(Year)		
2.	Address:(Street)		(Apt. #)		
	(City)	(State)		(Zip)	
3.		e: ()			
	Work: ()		Email:		
4.	Employer:				
	Address:				
		State:			
5.	-	he University:	-		
6.	-	eave the University?			
7					
7.		emic suspension or probation whil			
0		If yes, when:			
8.	Were you ever dismissed from the University for disciplinary reasons? Yes: No: Date:				

	If yes, list the academic institution(s) Institution(s):	you have attended and date of atten Location(s):	dance: Date(s):		
10.	Have you requested the Registrar of the transcript(s) to the University?	he above institution(s) to forward a Yes: N			
	If yes, date request was made:				
11.	Were you ever dismissed from the above institution(s) for academic reason(s)? Yes: No:				
	If yes, please list the institution(s) and reason(s) for dismissal:				
	Institution(s):	Location(s):	Date(s):		
12.	If you have not attended any other aca have utilized your time since your dep				
13.	Are you financially able to meet the e Yes: No:	xpenses of the coming semester at t	the University?		
13.					
13.	Yes: No:		ied for financial aid.		
	Yes: No:	id? Yes:, I HAVE appl	ied for financial aid.		
14.	Yes: No: If no, have you applied for financial a	id? Yes:, I HAVE appl No:, I HAVE NOT	ied for financial aid. Tapplied for financial aid.		
14. 15. I he will	Yes: No: If no, have you applied for financial a Identify your Faculty Advisor: Please add anything that strengthens y ereby certify that the above information I result in expulsion from the University	id? Yes:, I HAVE appl No:, I HAVE NOT your request for re-admission to the 	ied for financial aid. Tapplied for financial aid. University? incorrect or withheld information answered.) If this Re-Admiss		
14. 15. I he will Apj	Yes: No: If no, have you applied for financial a Identify your Faculty Advisor: Please add anything that strengthens y Please add anything that strengthens y ereby certify that the above information I result in expulsion from the Universit plication is not fully completed, there y aropportunity to return to the Universit	id? Yes:, I HAVE appl No:, I HAVE NOT your request for re-admission to the 	ied for financial aid. Tapplied for financial aid. University? incorrect or withheld information answered.) If this Re-Admiss process <i>or</i> you could possibly for		
14. 15. I he will Apj	Yes: No: If no, have you applied for financial a Identify your Faculty Advisor: Please add anything that strengthens y Please add anything that strengthens y ereby certify that the above information I result in expulsion from the Universit plication is not fully completed, there y aropportunity to return to the Universit	id? Yes:, I HAVE appl No:, I HAVE NOT your request for re-admission to the sis correct and I am aware that any sity. (All questions must be fully will be a delay in the re-admission p	ied for financial aid. Tapplied for financial aid. University? incorrect or withheld informatior answered.) If this Re-Admiss process <i>or</i> you could possibly for		