

# A.T. STILL UNIVERSITY | ATSU

## Application for Re-Admission

Please complete this form if you have been a student at A.T. Still University and re-applying for admission.

Name [please print] \_\_\_\_\_ Date Submitted \_\_\_\_\_ Phone Number \_\_\_\_\_

Student ID# \_\_\_\_\_ Program \_\_\_\_\_ Class Year \_\_\_\_\_ Email \_\_\_\_\_

Desired Return Date \_\_\_\_\_

Please attached any required documentation related to stipulations that may have been outlined for re-admission.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Student Applicant: Please send completed application to the Registrar's Office. Email: registrarsoffice@atsu.edu or Fax: 888.676.6701**

This form and any supporting documentation from the official student record will be supplied to the Dean and the Admissions committee.

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### For Dean's Office Use Only

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Dean of school: Return this form to the Registrar's Office and include a copy of the letter sent to the student if any re-admission stipulations are required. The Registrar's Office will provide a copy to the student and Admission's Office.

Email: registrarsoffice@atsu.edu or Fax: 888.676.6701