



The Lincoln University's regulation requires that all students seeking re-admission or reinstatement must complete the application process and return this completed form to the Office of Undergraduate Admissions.

			Re-Admit Reinstatement	
Da	te: Student ID#:		Semester A	pplying:
So	cial Security Number:		Date Of Birth: _	
1.	Name:			
	Last		First	Middle
2.	Address:			
	Street		Apt. #	
	City		State	Zip
3.	Phone No.:		Alternate Phone No.:	
4.	Email:		Second Email:	
5.	Classification when you last attended	The	Lincoln University:	
6.	Last semester of attendance:			
7.	Why did you leave The Lincoln University	ersity	?	
8.	Were you on academic suspension YES: NO:	or p	robation while attending Tl	ne Lincoln University?
9.	Were you ever dismissed from The for what reason(s): <b>YES</b> :			nary reasons? If yes, when and
	Date: Reason(	s): _		
10	. Have you attended any other colleg list the institution(s) you have atter  YES: NO:	nded	and the date(s) of attendance	ce:
	Institution(s):			





11.	Have you requested the registrar of the above institution(s) to forward your official transcript to The Lincoln University: <b>YES: NO:</b>
12.	Were you ever dismissed from the above institution(s) for academic reasons? If yes, please list the institution(s) and reason(s) for dismissal:  YES: NO: DATE(S):
	Institution(s):
13.	If you have not attended any other institution since leaving The Lincoln University, what have you been doing between the time you left and now?
14.	Have you applied for financial aid by submitting the FAFSA form?  YES: NO:
15.	Did you declare a major, if so what was it?
	Can you add anything, which would strengthen your request for readmission/reinstatement to The Lincoln University?
TH WI' IF AD	EREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND I AM AWARE AT ANY INCORRECT OR WITHHELD INFORMATION COULD RESULT IN THE INDRAWAL OF RE-ADMISSION/REINSTATEMENT OR EXPULSION FROM THE UNIVERSITY. THIS QUESTIONNAIRE IS NOT COMPLETED FULLY IT COULD DELAY REMISSON/REINSTATEMENT OR FORFEIT THE OPPORTUNITY TO RETURN TO THE LINCOLN IVERSITY.
PRI	NT FULL NAME:
SIG	NATURE:





## FOR INTERNAL USE ONLY THIS FORM CANNOT BE DELIVERED BY THE STUDENT

The student listed below has requested re-admission or reinstatement to The Lincoln University. Please complete the necessary information and fax back to the Office of Undergraduate Admissions x8109.

Name:	Student ID#:
Last	First Middle
Last Semester Attended:	Semester Requesting To Return:
□ Registrar:	
Is the student eligible to return? Yes:	No:
If not, please state reason(s) below and	or conditions(s) under which student may return:
Cumulative GPA: No. of Ser	mesters No. Of Credit hours:
Date: Signatur	e:
□ Bursar:	
Is the student's account paid? Ye	s: No:
If not, state the amount owed and finance	cial arrangements under which the student may return.
	PERKINS \$
Date: Signatur	re:
*Did your office generate a refund of	\$200.00 for the student's security deposit? If so, what was the date sent?
	te:
☐ Health Services:	
	leted Physical Examination Form on file with all requirements complete and is the
	ity? Yes: No:
student eleared to return to the emiversi	10
Date: Signatur	φ.
Zutei Signatur	e:
☐ Financial Aid:	
Is the student eligible for financial aid?	Vac: No:
	ich the student may return.
Trease state the conditions(s) under with	en the student may return.
Date: Signatur	να•
Date: Signatur	e:
☐ Student Affairs:	
	o or financial why this student may not noturn? Vos.
	c or financial, why this student may not return? Yes: No:
If so, please state reason(s) and condition	on(s) under which the student may return.
Data. Classication	
Date: Signatur	e:
□ Student Services:	
Is this student eligible for reinstatement	:: Yes: No: If not, eligibility will begin:
Judicial hold has/will be removed: Yes	s: No: <b>Date: Signature:</b>
Was student out because of medical: Y	
(16 1 6 1 + - 41 - D + +	's Office after all signatures are acquired)