## PLATT COLLEGE

## Policy Appendix

Application for Reinstatement
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The Application for Reinstatement is required of former students who wish to return to a degree program in which they were previously enrolled. Please scan and email completed application to <a href="mailto:admissions@plattcolorado.edu">admissions@plattcolorado.edu</a>.

□ Mr.			
□ Ms.			
Last Name	First		Middle
Name under which you previo	usly enrolled at Platt College		Other name(s), if any, on your records
Street Address	City	State	Zip Code
Home Phone	Cell Phone		Email
•	·	-	nic origin. Although self-identification is ege to report on the composition of its
□ African American/Black	☐ Asian American/Pacific	c Islander	☐ Caucasian/White
□ American Indian/Alaska Nat	ive; indicate tribal affiliation: _		
□ Other	☐ Mexican American/Chicano		□ Puerto Rican
□ Other Hispanic	☐ Decline to state		
Program in which you were er Last Term/Year Enrolled:			
Degree Goal:	(Prelicensure (Post Licensu		
Term for which you now wish			

Revised: November 5, 2009. Revised April 5, 2012 to reflect the process will go through the Admissions Department and School of Nursing, revised the reinstatement requirements and Statement of Purpose for Reinstatement.

Student Signature:	Date:		
□ Approved			
□ Denied			
Associate Dean of Nursing	Date		
Statement of Purpose for Reinstatement			
Type or print a brief statement explaining what has ch			
help you be successful in the program. (You may attac	ch an extra sheet to this page if		
necessary).			
Name:	Date:		
	* * * * * * * * * * * * * * * * * * * *		