



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 admissions@plattcolorado.edu

- Mr.
- Ms.

Last Name	First	Middle
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Name under which you previously enrolled at Platt College	Other name(s), if any, on your records
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Street Address	City	State	Zip Code
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Home Phone	Cell Phone	Email
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If you are a US citizen or permanent resident, please indicate your ethnic origin. Although self-identification is entirely voluntary, the US Department of Education requires Platt College to report on the composition of its student enrollment.

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|--|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> American Indian/Alaska Native; indicate tribal affiliation: _____ | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Mexican American/Chicano | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Decline to state | |

Program in which you were enrolled at Platt College: _____

Last Term/Year Enrolled: _____

Degree Goal: _____ (Prelicensure Track)

Term for which you now wish to apply (Quarter/Year): _____

Student Signature: _____ **Date:** _____

Approved

Denied

Associate Dean of Nursing

Date

Statement of Purpose for Reinstatement

Type or print a brief statement explaining what has changed in your life that is now going to help you be successful in the program. (You may attach an extra sheet to this page if necessary).

Name: _____ Date: _____