

CENTRE COLLEGE
DANVILLE, KENTUCKY 40422
Application for Readmission

Please print or type.

Instructions: This application, along with all required materials, must be returned to the Office of the Associate Dean of the College, or to the Dean of Students in the case of students suspended for social disciplinary reasons. No action on readmission can be taken until all required materials have been received. Deadlines for receipt are November 30, December 30 and July 30 for Centre, spring, and fall terms, respectively. It is the applicant's responsibility to verify that the application and all supporting materials are received prior to the deadline.

(Please check boxes indicating material you are having sent.)

This application, properly completed.

1. If applicant attended another college or university since leaving Centre
 (a) an official transcript of all work completed.
 (b) if currently enrolled, a letter from one of your instructors indicating academic progress and promise.
 (c) a letter from the dean of students office verifying eligibility to return or continue at the institution and explaining any period(s) of probation. (See required form attached for dean's statement.)
3. If applicant was employed since leaving Centre:
 (a) a letter from each employer indicating applicant has performed in a satisfactory manner.
4. If withdrawal was for medical, emotional, or psychological reasons:
 (a) a letter from a treating physician, psychologist or counselor indicating applicant is ready to return to college.
 (See required form attached for consent to release case information.)

Upon receipt of this material, your application will be submitted to the Committee on Academic Standards and you will be informed of its decision. In some cases, readmission may be granted by the Associate Dean or the Dean of Students. *The committee meets in the weeks following each deadline and will make its decision in light of the above information and after consideration of the student's academic record at Centre. A student will not be readmitted if required progress toward graduation is not feasible, or if continued separation is considered to be in the best interest of the student or the College.*

Name of Applicant _____
 (First) (Middle) (Last)

Home Address _____ Zip Code _____
 Present Address _____ Zip Code _____
 Present Telephone Number _____ Present Email Address _____
 Name(s) of Parent(s) or Guardian (s) _____
 Address _____ Zip Code _____
 Date you wish to re-enter Centre _____
 Dates of Attendance at Centre _____
 Reason for Leaving Centre _____

Activities since leaving Centre:

College(s) attended (use additional sheet if necessary)

Name of College	Location	Dates

Employment (use additional sheet if necessary)

Name of Employer	Address	Dates

If you are readmitted to Centre, what would your major(s) be? _____

Since you were last enrolled at Centre, have you been convicted of any honor violation, placed on probation, suspended or dismissed from any school, or have you been arrested, charged or convicted of any offense which arrest, charge or conviction has not been expunged (other than parking violations), or are any such charges pending against you?

No _____

Yes _____ (If yes, please provide a written explanation.)

Write below why you wish to re-enter Centre. If you were suspended or were on academic probation at the time of your withdrawal, address the nature of your academic difficulties, describe the specific steps you have taken to address and overcome the causes of your academic troubles, and present an academic plan that includes courses to be taken the term you return as well as a course plan to meet graduation requirements. If you withdrew for medical or psychological reasons, address your treatment, current condition, and anticipated need for continued treatment upon return to the College. Please be candid and address your situation completely. You may wish to attach a letter in order to set forth your reasons fully.

I certify that the answers and information provided in the application are accurate and complete and that I have a continuing duty to inform the Associate Dean of any changes to the information provided. I understand further that any false, misleading or incomplete answers or statements made in this application constitute grounds for rescission or dismissal at the option of the College.

_____ (Date)

_____ (Signature)

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

Associate Dean/Dean of Students Recommendation/Date: _____

Committee Action/Date: _____

Remarks:

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**Statement of Eligibility to Continue or Return
for Readmission Application (2c)**
(Complete only if you are currently enrolled at another college or university)

To Student: Please complete this section before giving to each host institution's Dean of Students Office.

Student's Name First Middle Last

Permanent Home Address Street City State Zip

()
Phone (with area code) Date of Birth

I give my permission for the appropriate dean at _____
to respond to the questions below. Host Institution

Signature Date

To be completed by official responsible for disciplinary records at host institution:

Status (please circle appropriate response)

The student is / is not eligible to continue or return.

The student has / has not violated any social/disciplinary regulations.

Comments or explanations:

Dean's printed name and signature

Title Date

Please return to Office of the Associate Dean; Centre College; 600 W Walnut St; Danville, KY 40422.

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(Complete only if you left Centre for medical and/or psychological reasons. Send one copy to your health care provider and include a copy with your application.)

**Confidential Health Care Information Consent to Release
for Readmission Application (4a)**

Student Information:

Name _____

DOB _____ SSN _____

Address _____

Phone () _____ E-mail address _____

Physician/Counselor Information

Name _____

Address _____

Phone _____ Fax _____

Person, agency or provider to whom disclosure is to be made:

Office of the Associate Dean
Centre College
600 W Walnut St
Danville KY 40422
Phone (859) 238-5205
Fax (859) 238-6977

Information or records to be disclosed:

1. diagnosis, dates seen, course of treatment, present treatment/medications,
2. follow up plans/recommendations, including assessment of need for continued treatment/therapy, and
3. current condition and impact of the condition on student's ability to resume full-time, collegiate studies.

As the person signing this consent, I understand that I am giving my permission to the above-named physician and/or counselor for disclosure of requested confidential health care information and/or records to the Associate Dean at Centre College. The purpose of this information and/or records is to assist in determining my readiness to return to Centre College as a full-time student after a leave for medical or psychological reasons. I also give my permission for phone consultation between the physician/counselor named above and the Associate Dean at Centre College, which may be required to clarify any information and/or records that are disclosed. I understand that the Associate Dean will make a recommendation regarding readmission based on this confidential health care information, as well as any requirements for ongoing care on my return to Centre College. This information and/or records will be maintained in your confidential education record at Centre College and will not be re-disclosed without your separate written consent, unless such disclosure is permitted by law.

Signature _____

Date _____