

## Office of the Registrar

## **Application for Readmission**

When you have completed the Application for Readmission, SAVE a copy of the PDF file and then email it as an attachment to readmit@xula.edu. Alternatively, you can print the completed form and mail it the the Office of the Registrar. Please SAVE a copy of this application for your records.

Personal Informatio	n:	
First Name:	MI:	Last Name:
XUID:	SSN or XULA ID:	Birthdate:
Mailing Address:		
Country:		
Street:		
City:	State:	Postal code:
Cell Phone Number:	Emai	l Address:
Readmission Inform	ation:	
Prior Major:		
What term are you app	lying for readmission? (F	or example, Fall 2022)
Reason for Leaving Xav	ier: Please choose one be	elow.
Academic Dismis	salDisciplinary Di	smissalFinancial Difficulties
	IllnessC	OtherGraduate/Non-Degree Seeking
		mic or disciplinary reasons, explain why you
feel that you should be	considered for readmiss	ion. State the factor(s) which have changed

since you left Xavier University. Please submit letter of appeal to readmit@xula.edu.

Last Date of attendance at Xavier:	

Please choose one below:

Have you attended a college or university since Xavier?	YesN	lo
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\*\*\* If you have attended another college, you must have an official transcript sent to the Office of the Registrar immediately. \*\*\*

Name of Institution: _	
Name of Institution: _	 
Name of Institution: _	

**Career Information:** 

Please choose one below:

Are you currently in the military? \_\_\_\_\_Yes \_\_\_\_\_No

Date: \_\_\_\_\_

Office of the Registrar - 1 Drexel Drive Box 96 - New Orleans, LA 70125 - (504) 520-6790 - readmit@xula.edu Bldg: Xavier South, Room: 630