

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 Information	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:	
What term are you app	ying for readmission? (F	or example, Fall 2022)
Reason for Leaving Xavi	er: Please choose one be	elow.
Academic Dismiss	alDisciplinary Di	smissalFinancial Difficulties
	IllnessC	Other
If you were on probatio	n or dismissed for acade	mic or disciplinary reasons, explain why you
		ion State the factor(c) which have changed

feel that you should be considered for readmission. 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?YesNo	Have you	attended a	college	or university	since Xavier?	Yes	No
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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

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