



San Jose Polytechnic University

1631 North 1st Street, Suite 100 San Jose, CA 95112 Tel:(408)564-6389

Application for Readmission, Return from Leave of absence

STUDENT ID: _____

Instruction:

All students who are returning to the University following a leave of absence or placement on inactive status pursuant to the Administrative Policy: Leave of Absence and Readmission. Student must fill out this form and submit it to the Graduate Office.

Returning from a Leave of Absence. Submit the attached form to the Graduate Office in order to register. You will be reactivated at the University following the terms of your leave of absence. If your leave of absence was for more than one year (i.e., three trimester), you may be held to new program requirements upon your return.

Colleges may condition the timing of your return to a program on availability of space. Your return may be denied based on crimes or other serious misconduct occurring during the leave that would have been grounds for suspension or expulsion had your engaged in the conduct while enrolled.

You must also submit any official transcript(S) of any outside course work since your last attendance at the SJPUC to the Registration Office.

Legal Name (Last, First, Middle Initial)

Last major you were enrolled in:

Address - Street

Major you would like to enroll in:

City

State

Zip Code

Mailing Address (if different from above) - Street

Term of expected enrollment:

City

State

Zip Code

Fall Spring

Summer

Home Phone

Work Phone

Cell Phone

Year _____

Email

Social Security Number

Date of Birth (MM/DD/YY)

Are you returning from an approved leave of absence? Yes No

Since you last attended the University, have you completed, at any other post-secondary institution, course work that is not currently reflected on your SJPUC transcript? Yes No

If yea, please arrange to have an official transcript mailed directly from all colleges and universities attended to the Registration Office.



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Education: (Attach additional pages as necessary)

List all post-secondary institutions attended, including SJPU. Contact all non-SJPU institutions and request that an official transcript be sent to the Registration Office.

_____	_____
College / University	Degrees
_____	_____
Address	Dates Attended
_____	_____
College / University	Degrees
_____	_____
Address	Dates Attended

Experience: List employment, beginning with most recent. (include military service)

_____	_____	_____
Present Occupation	From	To
_____	_____	_____
Previous Occupation	From	To
_____	_____	_____
Previous Occupation	From	To

I Certify that the information I have provided on this application and on all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that official transcripts from each academic institution have attended since last enrolling at the SJPU be submitted directly to the University. I understand that misrepresentation of application information is sufficient grounds for canceling my admission or registration.

Required Signatures

_____	_____
Student's Signature	Date

For Office Use Only:
 Date Received: _____ By: _____
 Requested official Transcripts: Yes No Appointment Time: _____
 College Approval: Yes No Term Activation _____