



ReEntry/ReAdmit Student
2540 Walnut Hill Lane
Dallas, TX 75229
Fax: 214.902.2458
Phone: 972.438.6932, Ext. 7120
Email: AskRegistrar@parker.edu

PLEASE PRINT

Name _____ Program: _____

Email: _____ Parker ID# _____

Telephone (H) _____ (C) _____

Address _____ I am eligible to use my VA Benefits: Yes No

_____ I am an international student: Yes No

Student Signature: _____

Please Circle Re-entering Term:

Fall Winter Summer A B C D 20_____

Student's Readmission path is through:

Admissions Academics SAAC Committee

Academic Standing: _____ LDA: _____

Reason(s) for withdrawal: _____

**The student is responsible for obtaining signatures from the offices below prior to submitting this form to the Registrar's Office for final processing. **

Department	Reentry Status Hold	Reentry Status Clear	Initial	Date
Financial Aid:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Academics:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Business Office:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Student Affairs:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

REGISTRAR'S OFFICE USE ONLY:

ReEntry/ReAdmit Status _____ Approved _____ Denied _____

Registrar's Signature _____ Date _____

Advising Date: _____ Registration Date: _____