Re-admission Applicant	: \$IWHU FRPSOHW	LORJO W & G HMD R	YSH SYRUEMYLRAX WYKPHR	RWPQWHEW	İXQ/WM∠RQ I	RU F
6 W X G LHa©atWla¶m\é ±plea	ase print First N	First Name, MI		UST ID (optional)		
Street Address/P.O. Box	City, S	State, Zip				
Phone Number	Stude	ent's Signature	Date			
Have you ever been subject to disc If yes, please provide further details belo				H V action occurred.	1 R	
Have you ever been judged delinque of so, please provide further details below					< H V	1
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	se complete the following question	ns:	as. This form must be on file t		ent will b	ie
x Is this applicant eligible to re	eturn to your institution?			Yes	No	
x Has the applicant been subjet If yes, please explain:	ect to either disciplinary action or proba	ati on while attending	your institution?	Yes	No	
x Do you know of any other be If yes, please explain:	ehavioral issues or concerns regarding	this student's attend	dance at your instit ution?	Yes	No	
x Additional comments that ma	ay be helpful:					
Signature of the Dean			Date			_
Print Name			Daytime Telephone Number			_
Name of Institution			Institution Address			-

University of St. Thomas Academic Counseling Office 2115 Summit Avenue, Mail OEC 119 St. Paul, MN 55105 (651) 962-6300 FAX (651) 962-5965

Please return this form as soon as possible to: