Send completed form to:
RegistrarOffice@pacificoaks.edu

# RE-ENTRY FORM

**Students may apply for "Re-Entry" if they have been away from Pacific Oaks College for less than 364 days since their last date of attendance. Students away for 365 or more days must contact the Admissions Office and apply for Re-Admission.**

Last Name _____ First Name _____ Full Middle Name _____

Address _____

City _____ State _____ Zip _____

( ) _____
Telephone Number

PO Email Address u

Personal Email Address om

**Degree Information:**

**Degree Level (Select):** Select

**Discipline (Select):** Select

**Location (Select)** Select

Last Semester / Year Enrolled: _____

Semester / Year of Return: _____

Student Signature _____ Date _____

**REGISTRAR'S OFFICE USE ONLY**

Processed By: _____ Date Processed: _____