



Xavier University of Louisiana

APPLICATION FOR READMISSION

Office of the Registrar • 1 Drexel Drive • New Orleans, LA 70125 • (504)520-6790 • readmit@xula.edu

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 to the Office of the Registrar. Please **SAVE** a copy of this application for your records.

Name: _____ **Xavier ID or SS Number:** _____

Current Address: _____ **Email** _____

City: _____ **State:** _____ **Zip:** _____ **Telephone:** _____

Marital Status: single married widowed divorced **Intended Major:** _____

Prior Major: _____ **For what term do you wish readmission?** _____

Reason for Leaving: Academic Dismissal Disciplinary Dismissal Financial Difficulties Illness

Other (please specify): _____

If you were on probation or dismissed for academic or disciplinary reasons, on a separate sheet of paper, explain why you feel that you should be considered for readmission. State the factor(s) which have changed since you left Xavier University.

Last Date of Attendance at Xavier: _____ **Attended college since Xavier?** _____

Name of Institution: _____ Dates Attended: _____

If you have attended another college, you must have an official transcript sent to the Office of the Registrar immediately.

Have you been: In the military? _____ Length of Time: _____ Employed? _____ Length of Time: _____

Employer's Name: _____

If none of the above statements apply, please state briefly what you have been doing since you left Xavier.

STUDENTS DISMISSED OR ON PROBATION AT THE TIME OF DEPARTURE FROM XAVIER: The required documents and materials, including the report from Xavier's Counseling Center, must be received by the Registrar's Office at least thirty days prior to the registration date of the semester you wish to return.

Date (MM/DD/YYYY)