BELCROFT UNIVERSITY

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759

admissions@belcroftuniversity.com

+1 (813) 772-3772

Readmitted Request Form

In order to continue academic studies at the university, students who were previously enrolled but discontinued their program must apply for readmission. Readmission is required for students who have withdrawn, been inactive for one or more semesters, or whose enrollment was officially discontinued.

Readmission Guidelines & Timing

Readmission requests must be submitted before the start of the intended semester of return. Students should apply early to allow sufficient time for academic and administrative reviews. Late submissions may delay enrollment or course registration. Approval of readmission is not guaranteed; it is based on academic standing, university policies, and seat availability in the program.

To Be Completed by Student

Student Name (First - Middle - Last)	
Student ID	
Date of Birth (MM/DD/YYYY)	/ /
Current Mailing Address	
Term of Readmission Requested	☐ Fall ☐ Spring ☐ Summer
City	
State/Province	
Email Address	
Phone Number	
Academic Program	☐ Doctorate ☐ Dental ☐ Master's
Last Term Attended	

Reason for Discontinuation

Please explain why your studies were interrupted or discontinued:

Academic Plan after Readmission

Please describe how you plan to continue and successfully complete your studies:

Financial Support (if applicable)

Amount available to cover tuition and living expenses for the upcoming semester: $ _____ USD

Student Certification

I certify that all information provided on this application is complete and accurate. I understand that approval of readmission is subject to Belcroft University policies and academic review.

Student Signature: _____ **Date: ____ / ____ / _____**

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To Be Completed by Belcroft University (Academic Office/Advisor)

The student's request for readmission has been reviewed based on academic records and university policy.

Academic Standing	☐ Good Standing ☐ Probation ☐ Not Eligible
Readmission Recommended:	☐ Yes ☐ No
Conditions for Readmission (if any):	
Advisor/Official Comments:	
Approved Semester of Return	/ /

Advisor/Officer Signature: _____ **Date:** ____ / ____ / _____

Notes:

- Submitting this form does not guarantee that your readmission will be approved.
- Students must meet all academic and financial requirements established by the university.
- Readmitted students may be subject to updated academic policies or curriculum changes.