

This form is used for readmission of a formerly enrolled La Roche University Student who:

1. Has not attended La Roche for one calendar year
2. Has attended another institution since leaving La Roche regardless of time spent away from La Roche.

Personal Information (Please type or print.)

Name _____
First Middle Last (Maiden)

Address _____
Street County

_____ City State Country ZIP Code

Social Security Number ____-____-____ Day Phone (____) _____ Evening Phone (____) _____

Email Address _____

Employer _____ Position Held _____

I Plan to Enroll

Date first applied to La Roche _____ Anticipated Major _____

Anticipated Start Date: Fall 20 ____ Spring 20 ____ Summer 20 ____ | Full time Part time Resident Commuter

Non-degree Certificate Program Associate Degree Bachelor Degree Post-baccalaureate Degree

Major _____

Minor _____

Educational Background

(List all high schools and colleges you have attended, beginning with the most recent. Include dates of graduation or anticipated graduation.)

Post-secondary institutions attended since you first applied for admission to La Roche University:

Name of Institution	Dates Attended	Credits Earned	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit an official transcript from each of the above institutions.

Were you ever on probation or ever dismissed from any of these institutions? If yes, please explain _____

NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Life & Dean of Students | 412-536-1069

Coordinator of Accessibility & Compliance | 412-536-1177

Associate Vice President of Human Resources | 412-536-1115

I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche University and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)

APPLICANT'S SIGNATURE

_____ Date

Please return all materials to: LA ROCHE UNIVERSITY, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free 844-838-4578 • laroche.edu • Email: graduateadmissions@laroche.edu

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