



RE-ENTRY FORM

Students may apply for "Re-Entry" if they have been away from Pacific Oaks College for three or fewer consecutive semesters. Students away for more than 1 year must contact the Admissions Office and apply for Re-Admission.

_____ Last Name First Name Full Middle Name

_____ Address

_____ City State Zip

() PO Email Address _____
Telephone Number

Personal Email Address _____

Degree: B.A. M.A. Credential MSEL or Ed Specialist (Circle One)

Program: HD MFT ECE EDU

Last Semester / Year Enrolled: _____

Semester / Year of Return: _____

_____ Student Signature Date

REGISTRAR'S OFFICE USE ONLY

Processed By: _____ Date Processed: _____

Send to: Pacific Oaks College
Registrar's Office
45 Eureka St
Pasadena, CA 91103

Telephone: 626.529.8077
Fax: 626.466.3011

**** A copy of this completed form should be forwarded to Financial Aid financial@pacificoaks.edu and Nedwards@tcsedsystem.edu.**