

Application for Reinstatement

COMPLETE THIS FORM AND RETURN TO DIRECTOR OF ENROLLMENT HOGABC, P. O. Box 22675 | Nashville, TN 37202-2675

HOGABC Online

Instructions

Students who previously matriculated and attended classes at HOGABC Online and have since withdrawn from the College must apply for readmission.

Students should contact the Registrar's Office to begin the process.

- Former students will need to complete the Application for Reinstatement to HOGABC and return it to the Registrar's Office.
- To ensure appropriate time for the reinstatement process, former students should plan to submit the Application for Reinstatement at least 30 days prior to the start of classes for the term of entry. International students should submit the reinstatement application at least 60 days prior to the start of the semester.
 See Academic Calendar for class start dates.
- If coursework has been taken at another institution while not attending HOGABC, official transcripts will be required for review of the reinstatement application. Send or deliver them to the Registrar's Office.
- If a student left the institution due to a medical issue, a letter from a licensed healthcare profession may be required prior to reinstatement review. Such letters should be delivered to the Office of the Vice President.

Winter Readmission Application Deadline: December 1
Spring Readmission Application Deadline: February 1
Summer Readmission Application Deadline: June 1
Fall Readmission Application Deadline: August 1

Applications for Reinstatement will not be considered for the following term after these dates given all reinstatement applications require committee review.



Return completed form and supporting materials to the Registrar's Office.

Name					
Name:					
Social Security Number:					
Permanent Address:					
Num		City	State	Zip)
Phone:		Email: _			
What semester and year d	o you wish to reenter H	IOGABC?			
What semester and year d	id you last attend HOG	ABC?			
Have you attended any oth	ner college or university	since leaving F	HOGABC?		
If yes, list all colleges/unive	ersities attended after y	ou left HOGAB	C:		
Name of Institution	City/State		From MM/YY To	o MM/YY	/
Name of Institution	City/State		From MM/YY To	o MM/Y\	 {
Have you been suspended	for any reason from an	y of the school	s listed above?	Yes	NO
Official transcripts showing by the Registrar's Office be grades of any courses in pr	efore this application wi	II be acted upo	n. Official transcr		
Were you on academic pro	bation or suspension a	t the time you l	eft HOGABC?	Yes	No
If yes: Submit a brief state for being successful upon y to your application. Please been a student elsewhere.	our return, and any otle include what you have	ner information	ı you believe may	be relev	/ant

If no: Submit 2-3 sentences indicating the reason	n you wish to return to HOGABC.
you will be allowed to return to the College. Sen concerning this application to: The Registrar's Of	
Applicant's Signature:	Date:
Committee Approval:	Date:
Committee Approval:	Date:
Committee Approval:	Date: