



This form is to be used by students requesting reinstatement into their program after official College suspension.

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DETAILS

Full Legal Name _____

Other Names Used _____ Date of Birth (mm/dd/yyyy) _____

Last 4 SSN or APT ID # _____ Suspension Year _____

CONTACT DETAILS

Residential Address _____

City, State, Zip Code _____

Home Telephone _____ Mobile Telephone _____

Email Address _____

ACADEMIC PROGRAM

Associate Degree: Telecommunications Technology Electrical Power Systems Renewable Energy

Certificate: Telecommunications Technology Electrical Power Systems Renewable Energy

PLEASE STATE YOUR PERCEPTION OF WHY YOU DID NOT ACHIEVE OR MAINTAIN AN ACCEPTABLE GPA.

IDENTIFY THE STEPS YOU HAVE TAKEN OR WILL TAKE TO ENSURE AN ACCEPTABLE GPA IF YOU ARE REINSTATED.

STUDENT DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorize APT College, henceforth referred to as "the College," to obtain information concerning my academic record from any school, university, or other institution attended by me. If I am accepted as a student at the College, I hereby agree to abide by all equal opportunity, drug, and institutional rules and regulations of the College. The College collects, stores, and uses personal information only for the purposes of administering student and prospective student admissions, enrollment, and education. The information collected is confidential and will not be disclosed to third parties without your explicit consent, except to meet government, legal, and other regulatory agency requirements.

Signature _____ Date _____

Return Application for Readmission to:

Admissions and Records
 APT College
 P.O. Box 131717
 Carlsbad, CA 92013

Contact Us:

Phone 800-431-8488
 Fax 888-431-8588
 Website www.aptc.edu

This form may be faxed.

