



Request for Readmission to Program
Edgewood College of Georgia
School of Oriental Medicine

Student Name: _____ Date _____

Date of Withdrawal _____

Account Balance \$ _____

Trimester Completed 1 2 3 4 5 6 7 8 9

List any courses that were incomplete:

Course Code	Class Name	Credit Hours	Instructor

I, _____ (student name) as a previous student of Edgewood College of Georgia, wish to be readmitted in the **FALL** **SPRING** **SUMMER** (circle one) trimester of _____ (year). By signing this form, I agree that I have read and understand Edgewood College of Georgia's Readmission Policy as detailed in the school catalog. I also understand that readmission is not guaranteed.

Student Signature _____ Date _____

For office use only:

Detail any notes that would help the Admission Committee determine eligibility for readmission:

Administrative Signature _____ Date _____