



Thomas Edison State College Re-enrollment Form

Re-enrolling from Leave of Absence For School of Nursing Students Only

Mail payment (U.S. dollars) to:
Thomas Edison State College

Attn: Office of Admissions
101 West State Street
Trenton, NJ 08608-1176
Phone: (609) 984-4099
Fax: (609) 984-4066

For official use only

Section 1: General Information

Mr. Mrs. Ms.

Last Name _____ First Name _____ M.I. _____

Student ID Number _____ Former (Maiden) Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home telephone (_____) _____ Business phone (_____) _____

Internet/e-mail address _____

Check here if information has changed

U.S. Citizen Yes No If no, country of residence _____

Do you currently serve in the Armed Forces of the United States? Yes No

Current employer _____ Position _____

Section 2: Recent Educational Activity

I will be sending/have sent transcripts from the following institutions that I attended since my last enrollment:

Institution	Date(s) attended

Section 3

Degree or certificate you are pursuing _____

Is this a change in your program? Yes No

Please note that the degree or certificate requirements may have changed since your last enrollment.

Section 4: Tuition/Fees

I hereby certify that this information is true and correct to the best of my knowledge.

I understand that the submission of false information may result in dismissal from the College.

Signature: _____ Date: _____

In order to return from a leave of absence and complete your degree or certificate program you must remit the total fee indicated along with this completed form and a notarized copy of your current RN license valid in the U.S.

	BSN/BSNM	MSN	Nurse Educator Certificate
Credential Review Fee	\$300	—	—
Total	\$300	\$0	\$0

Amount Enclosed \$ _____

Check American Express VISA MasterCard Discover

Card Number _____ Expiration Date: Month/Year _____

Signature: _____ Date: _____