

# APPLICATION FOR READMISSION

INSTRUCTIONS: Student must submit this application through the Department of Academic Services, where it will be forwarded to the appropriate college. Once readmitted, students wishing to change their major may complete and submit a **Change of Major** form to the appropriate department chairperson. There is no guarantee that readmitted students will be permitted to change their major. This is an online form. Please tab through the fields to complete; then print, sign, date, and forward as directed below.

## SECTION ONE:

Name: (Last, First, M.I.)	Banner ID#	Cell Phone#
Last name when you last attended SRU:		Home Phone#
Semester you last attended SRU:	Non-SRU Email Address:	
Contact Address:		
Street	City	State Zip

## SECTION TWO:

Semester requested for readmission (check semester and fill in year):

Fall (Year)                       Spring (Year)                       Summer (Year)                       Winter (Year)

Academic major when you last attended SRU:

**Nursing Applicants:** If you are readmitting for the RN program, please provide a copy of your current RN license.

Reason you withdrew:

**If you withdrew for medical reasons, please contact the Office of Student Support at 724-738-2121. If you withdrew from SRU in good academic standing (i.e. not on probation or suspension and with a cumulative GPA greater than 2.000), you may skip section 3 of this form.**

## SECTION THREE (ONLY complete if you left SRU with a cumulative GPA of less than 2.0)

**Please support your request for readmission with a letter in proper format and signed by you that explains why you want to return to Slippery Rock University. You must include the following in your letter: 1) Describe what your academic goals will be when you return. 2) What steps you have or will take to ensure academic success. 3) Describe what you have been doing since you withdrew.**

Have you earned credits at another institution since leaving SRU?                       Yes                       No

If "Yes":

Name of Institution(s) \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_  
(You must submit official transcripts to the Academic Services Dept. from every institution attended since leaving SRU.)

I attest that all information provided is accurate. Failure to provide accurate information may lead to dismissal from the university.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this form and official transcripts to:**

Academic Services  
109 Bailey Library  
Slippery Rock University  
Slippery Rock, PA 16057  
Phone: 724.738.2012 Fax: 724.738.4497

APPLICATION FOR READMISSION CONTINUED

CONSENT FOR THE COLLECTION AND PROCESSING OF SENSITIVE OR PERSONAL DATA FOR ADMISSION AND ENROLLMENT TO SLIPPERY ROCK UNIVERSITY

FROM THE EUROPEAN UNION FOR ADMISSION AND ENROLLMENT PURPOSES

1. Pursuant to the European Union General Data Protection Regulation (EU GDPR), the Pennsylvania State System of Higher Education and its member universities, including Slippery Rock University of Pennsylvania ("University"), in its capacity as a data controller under the EU GDPR, must obtain explicit, affirmative consent before it can collect or process any sensitive or personal data for a lawful basis including for admission and enrollment purposes.
2. Sensitive data includes data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic or biometric data; health data; or data concerning a person's sex life or sexual orientation.
3. Any sensitive or personal data that is collected will be for the sole purpose of application for admission to the University that is sent from the EU and is necessary for that purpose or for any purpose permitting the use of sensitive or personal data under applicable law or to meet other compliance obligations of the University.
4. I understand that any sensitive or personal data that is collected will also be used to report serious illness, injury, or other health or emergency situations involving me, as well as to address or report discrimination, harassment, sexual or gender-based misconduct and criminal behavior which may be committed by or against me or otherwise involve me, on or off campus, to appropriate authorities including staff, faculty, and administrators of the University or appropriate legal or governmental authorities under applicable policies of the Pennsylvania State System of Higher Education or the University (including but not limited to applicable codes of conduct) and applicable laws (including but not limited to Title IX and the Clery Act).
5. I understand that refusal to consent to the use of sensitive or personal data, and the transfer of sensitive or personal data overseas, for the purpose outlined in this notice may make it impossible for the University to carry out necessary activities, and may preclude the University's ability to provide requested services.
6. I understand I have the right to withdraw consent to the collection and processing of sensitive or personal data and to do so, I must contact Ms. Constance Edwards, Registrar (constance.edwards@sru.edu). I also understand that the complete deletion of data will not be feasible in all situations to ensure the University's ability to comply with regulatory requirements.

My signature attests to the fact that I have read and understand the conditions listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_