



BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY
Application for Readmission/Reentry

To be completed by Student

I wish to apply for Readmission to the Institute: Term: 20 FALL
20 SPRING

*****Students who have been out for more than one academic year will be subject to the academic requirements listed in the catalog of the year that they return.*****

ID# or SS#: _____

NAME: _____
Last First MI

ADDRESS: _____
Number and Street

_____ TELEPHONE #: () _____
City State Zip

Date you last attended BFIT: _____ Major: _____

Please Note: Applications for readmission will not be processed without appropriate documentation.

Will you be applying for Financial Aid? No Yes

Will you be changing your academic major? No Yes
New Major _____

Have you attended another college since leaving Franklin? No Yes *
* If Yes, you must provide college transcript.

Why did you leave BFIT?

Please explain why you believe you are now prepared to successfully resume your studies:

Signature of Student: _____ Date: _____

To be completed by Administration

Re-enter Re-enroll

Cumulative GPA: _____ Credits earned: _____ Credits attempted: _____

Signature of Dean of Academic Affairs: _____ Date: _____

Signature of Department Chair: _____ Date: _____

Signature of Registrar: _____ Date: _____