

The United States Sports Academy

One Academy Drive
Daphne, Alabama 36526
Phone: (251) 626-3303



Re-Admittance Application

This form is to be used by students who ceased enrollment due to academic probation, dismissal or suspension. Submission of the Re-Admittance application will be reviewed by the Academic Committee and if the re-admittance application is approved, the student will be required to pay the \$200.00 fee. The Re-Admittance fee payment authorization is on the Academy's website at www.ussa.edu.

PLEASE PRINT

Name: _____
Last Jr., II, III First Middle (Maiden)

Original Degree Program and Major: _____

Current Mailing Address: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Please complete the following information, sign and fax it to **251-625-1035** or mail it to: **United States Sports Academy, Academic Committee, One Academy Drive, Daphne, AL 36526**

Reason for your current Academic Status: _____
(Please attach sheet if needed)

Please explain why you wish to continue your previous program with the Academy and how you feel better able to apply yourself to the program at this time.

(Please attach sheet if needed)

Please initial each statement:

____ I certify that the information given is correct to the best of my knowledge. I understand the conditions of re-admission/re-enrollment and I am interested in completing the degree I was previously enrolled in with the United States Sports Academy.

____ I understand that, if re-admitted to the Academy, I will be held under the current Academic Catalog (unless otherwise directed by the Academic Committee) and it will be my responsibility to comply with all rules, regulations, and degree requirements set forth by the Academic Committee and Academic Catalog in which I am enrolled.

____ I understand that, if re-admitted to the Academy, I will be required to complete the RE-ENROLLMENT APPLICATION with the Admissions Department, pay any and all fees required and submit official copies of transcripts from any institution I have attended since separation from the Academy.

Signature Date Student ID Number (if known)

Last four numbers of your Social Security Number (optional) _____