

RE-ADMISSION APPLICATION FORM

Student number: _____ Date: _____

Name: _____

Have you been enrolled under another name? _____ If yes, please state _____

Address _____

City _____ Home Phone _____

Postal Code _____ Office Phone _____

Academic year last enrolled in CGA program: _____

What Association were you registered with? _____

Please explain why you had withdrawn from the CGA program.

Briefly explain why you are applying for readmission:

Re-evaluation Fee: \$68 plus HST

Signature: _____

<input type="checkbox"/> Cash	Credit Card Number: _____
<input type="checkbox"/> Debit Card	Expiry Date: _____
<input type="checkbox"/> Cheque	Card Holder Name: _____
<input type="checkbox"/> Visa	Card Holder Signature: _____
<input type="checkbox"/> MasterCard	Total: _____

Please submit to: CGA Newfoundland and Labrador
295 Freshwater Road, Suite 201
St. John's, NL A1B 1C1
Fax: 1-709-579-0838

Date received: _____	Payment received & processed _____
Batch & Receipt no. _____	Date & Initials _____
Reinstatement approved <input type="checkbox"/> By staff <input type="checkbox"/> Committee <input type="checkbox"/> Date: _____	
Reinstatement denied <input type="checkbox"/> Letter sent (date) _____	