



101 West State St.
Trenton, NJ 08608-1176
www.tesc.edu

**Thomas Edison State College
Re-enrollment Form for Leave of
Absence or Inactive Status
FOR 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) 984-1164
Fax: (609) 984-8447

For official use only

Section 1: General Information

Mr. Mrs. Ms.

Last Name _____ First Name _____ M.I. _____

College ID _____ Former (Maiden) Name: _____

Mailing Address _____

City _____ State _____ Zip _____

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

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 Program

Degree you are pursuing: _____

Is this a change in your degree program? Yes No

Please note that the degree 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 re-enroll from a leave of absence or inactive status and complete your degree or certificate program, you must remit the \$75 fee along with this completed re-enrollment form and a notarized copy of your current RN license valid in the U.S. if you DO NOT live in a state with online verification of licensure information.

If you live in a state with online licensure verification, please provide the following information:

RN License State: _____ **RN License Number:** _____

Expiration Date: _____

Amount Enclosed \$ _____

Check American Express VISA MasterCard Discover

Card Number _____ Expiration Date: Month/Year _____

Signature: _____