



# Thomas Edison State College Re-enrollment Form

## Re-enrolling from Inactive Status For School of 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) 984-4099  
Fax: (609) 984-4066

*For official use only*

### Section 1: General Information

Mr.  Mrs.  Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID Number \_\_\_\_\_ Former (Maiden) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Business phone (\_\_\_\_\_) \_\_\_\_\_

Internet/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 or certificate you are pursuing \_\_\_\_\_

Is this a change in your program?  Yes  No

*Please note that the degree or certificate 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 inactive status and complete your degree or certificate program you must remit the total fee indicated along with this completed re-enrollment form and a notarized copy of your current RN license valid in the U.S.**

	<b>BSN/BSNM</b>	<b>MSN</b>	<b>Nurse Educator Certificate</b>
<b>Application Fee</b>	<b>\$75</b>	<b>\$75</b>	<b>\$75</b>
<b>Credential Review Fee</b>	<b>\$300</b>	<b>—</b>	<b>—</b>
<b>Total</b>	<b>\$375</b>	<b>\$75</b>	<b>\$75</b>

Amount Enclosed \$ \_\_\_\_\_

Check  American Express  VISA  MasterCard  Discover

Card Number \_\_\_\_\_ Expiration Date: Month/Year \_\_\_\_\_

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