

**Xavier University of Louisiana College of Pharmacy**  
**Request for Readmission Form**

**Instructions:** Please download the form and complete the Student Information section of this form. Use sections 2 and 3 as a guide to prepare your *Request for Readmission letter*. Once you have completed your letter, please sign the form and submit both documents to the College of Pharmacy (Rm. 100) Attn: Assistant Dean for Professionalism. Please note that your letter and the form must be typed.

**Section 1: Student Information**

Name: (Last, first)		Student ID:	
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Address

City, State

Zipate