



ARUBA  
**XAVIER UNIVERSITY**  
XUSOM  
SCHOOL OF MEDICINE

# Re-Admittance Form

## Student Data

**Student Name:**

LAST

FIRST

MIDDLE INITIAL

**Student ID**

SSN / SSI

Phone #

**Student Address:**

House / Street

City

State/Zip

I am requesting *Re-Admittance* for the following reason(s):

- Required additional time for USMLE Step 1 Exam
- Required additional time for USMLE Step 2 CK Exam
- Required additional time for USMLE Step 2 CS EXAM
- Other (explain) \_\_\_\_\_

Last day of Attendance \_\_\_\_\_ Expected Start Date/Semester \_\_\_\_\_

**XUSOM guidelines for Re-Admittance:**

*To be considered for Re-Admittance to Xavier University School of Medicine Aruba, your student file must be complete. If considered and Re-Admitted to XUSOM, you are obligated to contact the Accounting Dept. to determine your pay structure. If considered and Re-Admitted to XUSOM, you become eligible to continue deferment of Student Loans.*

\_\_\_\_\_  
Student Signature (REQUIRED)

\_\_\_\_\_  
Date (REQUIRED)

## For Registrar Use Only

**Status of Request**

ACCEPTED

DECLINED

\_\_\_\_\_  
Reason for Decline

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Admissions

\_\_\_\_\_  
Date