

<b>Policy Title</b>	Program Re-Admission Policy
<b>Policy Holder</b>	Vice-President Academic
<b>Policy Approver(s)</b>	Senior Team
<b>Related Policies</b>	Ch5-s1-01 Course Evaluation and Grading Policy
<b>Related Procedures</b>	Ch5-s1-01b Course Evaluation and Grading Procedure
<b>Appendices</b>	Appendix 1 Application for Re-Admission Form AR-1
<b>Storage Location</b>	<a href="https://www.confederationcollege.ca/policies-and-procedures">https://www.confederationcollege.ca/policies-and-procedures</a>
<b>Effective Date</b>	2026-Jan-13
<b>Next Review Date</b>	2031-Jan-13

## Purpose

This policy is to identify the process to re-enter a full-time post-secondary program following a leave.

## Scope

This policy applies to all applicants seeking re-admission to a post-secondary program. Students would have previously applied to the program, met the admission requirements and successfully completed minimally semester 1.

## Definitions

Applicant	An individual applying to a program.
Re-admission	Students returning to programs after a semester or more absence, subject to program availability and admission requirements.
Grade Point Average	All program required courses in the program of study are used in the calculation of the grade point average.

## Governing Laws and Regulations

Postsecondary Education Choice and Excellence Act, 2000, S.O. 2000, c. 36  
 Programs of Instruction: Minister's Binding Policy Directive  
 Admissions Criteria: Minister's Binding Policy Directive  
 Ontario Qualifications Framework  
 Ontario Human Rights Code

## Policy Statement

Applications for re-admission will be ranked using the following criteria:

- Grade Point average at the point of program departure
- After the equal consideration date, applicants will be ranked on a first come first served basis.

### TIMEFRAME:

Students are expected to complete their program within the following time limits, based on their original program start date:

One year program	up to three years
Two year program	up to five years
Three year program	up to six years
Four year program	up to eight years
Part-time postsecondary / continuing education programs	five years

Note that students re-entering a program may be required to take additional courses due to changes in program completion requirements. More information on this can be obtained from the Program Coordinator. Extensions to the above timeframe can be recommended by the program coordinator and approved by the Associate Dean

A student who was removed from their program by the college must complete any period of suspension before they are eligible for re-admission. The decision to re admit will be determined by the Dean. Re-admission is not guaranteed. Students who are re-admitted will be governed by the academic regulations and program requirements in effect at the time of re-admission. The re-admission fee is non-refundable.

## Non-Compliance

The Registrar and Dean are responsible for ensuring this procedure is followed. Non-compliance may cause delays in admissions and impact student success.

## Revision History

Version	Change	Author	Date of Change
2025-Nov-7	New template	LDyll	Nov. 7, 2025

DATE RECEIVED

AR-1

## APPLICATION FOR FULL-TIME RE-ADMISSION

### APPLICATION TO RETURN AFTER A LEAVE FROM SAME PROGRAM

**THIS APPLICATION CAN ONLY BE USED IF YOU WERE REGISTERED IN A POST-SECONDARY PROGRAM AT CONFEDERATION COLLEGE AND ARE APPLYING TO RETURN TO THE SAME PROGRAM (FULL-TIME) INTO SEMESTER TWO OR BEYOND**

(PLEASE READ THE INSTRUCTIONS ON THE REVERSE OF THIS FORM PRIOR TO COMPLETION)

#### STUDENT INFORMATION

CONFEDERATION COLLEGE STUDENT ID: 100 - \_\_\_\_\_ - \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
(PRINT) (PRINT)

DATE OF BIRTH: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ (NUMBER, STREET, BOX #, UNIT #)

CITY: \_\_\_\_\_ PROVINCE: ON POSTAL CODE: \_\_\_\_\_ - \_\_\_\_\_

CONTACT NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### PROGRAM INFORMATION

CAMPUS ATTENDING: THUNDER BAY  REGION  \_\_\_\_\_  OSHKI  
(IDENTIFY LOCATION)

TERM RETURNING TO: FALL (SEPT)  SPRING (APRIL)  WINTER (JAN)

PROGRAM NAME: \_\_\_\_\_

RETURNING SEMESTER: 2 3 4 5 6

#### OFFICE USE

\$30 FEE APPLIED TO ACCOUNT: NO  YES  WAIVED

OCAS: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ APPROVED  DENIED

ADMISSIONS OFFICER INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: