



Adrian College

Application for Re-Admission

Personal Information:

Student Number _____	First Name _____	Middle Name or Initial _____	Last Name _____
S.S.N.# _____	Home Address _____		
Home Phone _____	City _____	State _____	Zip Code _____
Cell Phone _____	e-mail address _____		

Historical Information:

Date last attended Adrian College _____ Previous Major or area of interest _____

Previous Academic Advisor _____

Do you wish to keep this person as your advisor? Yes No

Reason for leaving Adrian previously _____

(If you have previously been suspended from Adrian College, you must include a letter with this application detailing the college courses taken since you were last enrolled at Adrian, along with a description of actions you have taken or changes in your situation that, if you are re-admitted, will assure your academic success.)

Colleges attended since leaving Adrian:

Name _____	Dates Attended _____	Degree _____
Name _____	Dates Attended _____	Degree _____
Name _____	Dates Attended _____	Degree _____

**** Please Note: The Application for Re-Admission will not be processed until all official transcripts are received.**

Proposed Status:

Enrollment Status: Full-time Part-time

Residence: On-campus Commuter (live at home) Off-Campus

Semester of Re-Entry: Fall Spring May Summer Year _____

Educational Goals: Bachelor Degree Teacher Cert Non-Degree Other

Intended Major _____ Intended Minor _____

Do you plan to apply for financial aid? Yes No If "Yes", when did/will you apply? _____

Applicant's signature _____ Date _____

Instructions

- Return this completed application to Adrian College – Registrar's Office – 110 S. Madison – Adrian, MI 49221-2575
- If you attended any other college(s) since last attending Adrian, request that those institutions mail official transcripts directly to the Adrian College Registrar's Office at the above address.
- Re-establish your deposit, if required, and return your housing form and residence hall agreement, if applicable.
- If applying for financial aid, confirm your arrangements with the Office of Financial Aid – 517-265-5161, x 4306.

Office Use Only

_____ Dean of Student Life	Residency required Y____ N____
_____ Cashier's Office	Balance Owed _____ \$100 residence deposit needed _____
_____ Registrar / Academic Status Review Committee	