



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 _____ Did you leave in good academic standing? _____

Previous Major or area of interest _____ Previous Academic Advisor _____

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

Do you have a balance on your account? 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 and a description of actions you have taken or changes in your situation that will support your academic success.)

Colleges attended since leaving Adrian:

Name _____ Dates Attended _____ Degree earned? _____

Name _____ Dates Attended _____ Degree earned? _____

Name _____ Dates Attended _____ Degree earned? _____

**** Please Note: The Application for Re-Admission will not be processed until all official transcripts are received by the Registrar's Office.**

Proposed Status:

Enrollment Status: Full-time Part-time

Housing: On-campus Commuter Off-Campus

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

Degree Level: Master's Bachelor's Teacher Certification Non-Degree

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

Initials _____	Date _____	Dean of Student Life	Residency required	Yes	No
Initials _____	Date _____	Cashier's Office	Balance Owed _____	\$100 residence deposit needed _____	
Initials _____	Date _____	Registrar / Academic Status Review Committee			