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| Admissions Record |
| Date Accepted _____ |
| By _____ |
| Mat. Fee Recv'd _____ |


TAYLOR UNIVERSITY
APPLICATION FOR READMISSION

| |
|-----------------------|
| Student No. _____ |
| Adm. Status _____ |
| Hours Trans _____ |
| GPA Hrs. Trans. _____ |

PERSONAL INFORMATION (please print)

Legal name Last First Middle or maiden name, if married Social Security Number

Permanent home mailing address City State Zip

Temporary home mailing address City State Zip

() ()
Home telephone number Temporary telephone number

Last date for temporary address and phone number _____

Male Female Date of birth _____ / _____ / _____ Date last attended Taylor _____

Marital status: Single Married Widowed Divorced Spouse's name _____

ENROLLMENT INFORMATION - Term of anticipated enrollment:

- Fall • September Interterm • January Spring • February
 Summer • Session One Summer • Session Two Summer • Session Three

ENROLLMENT STATUS

- Readmit Probationary readmit
Do you plan to commute? Yes No
Expected classification Freshman Sophomore Junior Senior
Intended major _____

DEGREE AND CURRICULUM • Please check the degree and the curriculum you plan to follow.

Degree Options

- AA Associate of Arts BM Bachelor of Music
 BA Bachelor of Arts UNDCL Undeclared/Pre-major
 BS Bachelor of Science

Curriculum Options

- Prelaw Teacher Education
 Premedical Technology Environmental Science
 Premedicine Systems Analysis

Why do you wish to return to Taylor? _____

Were you dismissed from Taylor? Yes No
If yes, for what reason were you dismissed? Academic Social Financial
What has changed to warrant your return? _____

If no, what was your reason for withdrawing? _____

Is there any information you wish to share that would assist us in evaluating your readmission application? _____

List school(s) attended since leaving Taylor and the dates of attendance. You must request official transcripts be sent from each school.

FAMILY INFORMATION

Legal guardians:

| | | |
|---------------|------------------------|----------------|
| | | () |
| Father's name | Employer and job title | Work telephone |
| | | () |
| Mother's name | Employer and job title | Work telephone |

Do you: Live with both parents?
 Live with one parent? Which one? Mother Father

First and last name of custodial parent's spouse (if applicable)

Other living situation? Please explain on a separate sheet of paper.

Person to be notified in case of emergency other than parent (MUST BE COMPLETED!)

| | | | | |
|-----------------|------|-------|-----|------------------|
| | | | | () |
| Mailing address | City | State | Zip | Telephone number |

AFFIRMATION

It is my desire to maintain the expectations of Taylor University. I have read the Life Together Covenant and accept these responsibilities as a participant in the Taylor community. I hereby certify that all information provided is accurate and correct.

Signed Date

| | |
|---|--|
| For Office Use Only | |
| *Approved by: | |
| Records Office _____ | Date _____ Schedule available <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Academic Dean _____ | Date _____ Comments _____ |
| Student Development _____ | Date _____ Housing available <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Office _____ | Date _____ Balance _____ Credit _____ Debit _____ |
| Comments _____ | |
| Financial Aid Office _____ | Date _____ Comments _____ |
| *The Admissions Office will make the final decision based on a composite of all responses along with enrollment considerations. | |