

Business Office Only:

APPLICATION FOR READMISSION

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Please Note:

Former Morningside College students who have been away for one semester or more must complete this form. The readmission process includes clearance by the Business Office and the Director of Admissions. If the student has attended another college since attending Morningside, an official transcript from each college attended is required. As soon as all necessary credentials are received and processing is completed, the Office of Admissions will notify the applicant concerning acceptance.

Date _____, 20 _____

Name _____ Telephone (_____) _____
(Last) (First) (Middle/Formal) (Area Code)

Address _____

Social Security Number _____ Birthdate _____

Applying for re-entrance: (Please circle) Full-Time Day Classes Fall, 20 _____
 Part-Time Night Classes Spring, 20 _____

Previous attendance at Morningside College: From _____, _____ to _____, _____
(Month) (Year) (Month) (Year)

Your classification at present: Freshman Sophomore Junior Senior

Your present major field of interest: _____

Colleges attended since you attended Morningside:

From _____, _____ to _____, _____ From _____, _____ to _____, _____
(Month) (Year) (Month) (Year) (Month) (Year) (Month) (Year)

It is your responsibility to have official transcripts of your work at the above school(s) sent to the Office of Admissions as soon as possible so that they can be reviewed for acceptance.

Were you in the military service? Yes No Number of months _____ Branch _____

Are you applying for financial aid? Yes No Have you submitted a financial form? Yes No Date submitted _____

I will live: In Residence Hall At Home If other, specify _____

For what reason did you leave Morningside College? _____

The following information is used for statistical and federal reports only.

It is not used in any way for acceptance to Morningside College.

Ethnic: Black American Spanish Surname American Asian American White American American Indian

Citizenship: U.S. Foreign **Sex:** Male Female

Religious Denomination: _____ **Date of Birth:** _____

Student's Signature: _____

Business Office Approval and Date:

Director of Admissions Approval and Date:
