

Application for Readmission

PLEASE PRINT OR TYPE



Mr.
Miss.
Mrs.
Ms.

NAME _____
first middle or maiden last

NAME WHILE AT MUSKINGUM _____

HOME ADDRESS _____
number and street city state zip code

MAILING ADDRESS _____
number and street city state zip code

PHONE _____
area code and number (home) business or cell phone number

SOCIAL SECURITY # _____ e-mail _____

Proposed entrance date: Fall Semester Spring Semester May/Summer

YEAR _____

Dates of attendance at Muskingum _____

Reason for leaving _____

List any college attended since leaving Muskingum. Please arrange to have an official transcript of additional course work mailed directly to the Admission Office. Student issued copies are not accepted.

Institution _____ Dates of Attendance _____

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List work experience or major activities since leaving _____

Were you in good academic standing at time of departure from Muskingum University? _____ Yes _____ No

If **no**, attach statement giving reasons why Muskingum should consider your application for readmission.

Do you plan to apply for financial aid? _____

Do you plan to live on campus _____ or commute to campus _____

Do you plan to participate in the PLUS Program for students with disabilities? _____ Yes _____ No

What is your intended academic major? _____

DATE

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

- FS _____
- SA _____
- SL _____
- FA _____
- PL _____