Application for Re-admission

ASBURY UNIVERSITY
Academic Excellence & Spiritual Vitality

1. _____
Last Name First Middle Preferred First Name

2. _____
Name at time of last enrollment if different from above

3. _____
Street Address

_____
City State Zip Code County (KY residents only)

4. _____
Home Telephone with Area Code Cell

5. _____
E-mail Address (if available)

6. _____
Social Security Number Date of Birth

7. Marital Status: ❑ Single ❑ Married ❑ Widowed ❑ Divorced

8. I hereby apply for re-admission to Asbury University for the _____ semester of _____(year).

9. I was last enrolled at Asbury University _____ semester of _____(year).

10. I will be enrolling as a: ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior ❑ Graduate ❑ Special ❑ Auditor

11. Enrollment: ❑ Full-time ❑ Part-time

12. On a separate page, please type a rationale for why you want to return to and why you should be re-admitted to Asbury University. You may wish to include your reasons for leaving, your progress while away from the University, any changes in your life that have occurred or your plans for the future.

13. _____
Intended Major

14. Housing Preference: ❑ Residence Hall ❑ Married Student Housing ❑ Will provide own housing

15. Chronologically list activities, including all colleges/universities and/or employment since last enrolled at Asbury University. **Have official transcripts from all institutions attended sent to the Admissions Office as soon as possible.** If additional space is needed, please continue on the back.

From	To	College/University/Employment	City	State

I hereby make application to Asbury University and certify the truthfulness of the answers given herein. I understand that I am responsible for arranging the forwarding of official transcripts of all schools I have attended or am attending and official scores of national tests I have taken or will take. Documents become the property of Asbury University and will not be returned to me.

_____
Applicant's Signature Date

Office of Admissions | Asbury University | One Macklem Drive | Wilmore, KY 40390 | Fax 859.858.3921 | admissions@asbury.edu