

APPLICATION FOR READMISSION

OFFICE OF THE REGISTRAR - VALPARAISO UNIVERSITY
Valparaiso, Indiana 46383-6493

1. Name (Last) (First) (Middle) (Maiden Name)

2. Current Address (Number and Street) (City, State, and Zip)

3. Daytime Phone Number ( ) - EXT. ( )

4. Current e-mail address

4. If readmitted, my local address will be ( CHECK ONE ):

- Residence Hall Parent's Home Private Home
Fraternity Other

5. I am seeking readmission to the following college or school of the University ( CHECK ONE ):

- College of Arts and Sciences College of Nursing
College of Business Administration School of Law
College of Engineering

6. Proposed Semester of Readmission (choose one and INDICATE YEAR):

Fall Year Spring Year Summer I Year Summer II Year

7. Last Date of Enrollment (choose one and INDICATE YEAR):

Fall Year Spring Year Summer I Year Summer II Year

8. I interrupted my academic work at Valparaiso University because:

Blank lines for text input.

9. Indicate major subject (s): 1. 2.

Indicate minor subject (s): 1. 2.

10. Marital Status (check one): Single Married

11. List in chronological order all education institutions attended since you last enrolled at Valparaiso University:

Table with 3 columns: Name and Location of School, Date of Attendance, Total Years.

FOR OFFICE USE ONLY: DATE FEE PAID RECEIPT #

APPROVED APPROVED PROVISIONALLY DENIED