

KANSAS WESLEYAN UNIVERSITY

Enrollment and Financial Services, PH285, 100 E. Claflin, Salina, KS 67401

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APPLICATION FOR READMISSION

(Absence after only one semester)

PERSONAL INFORMATION

Name _____
Last First M.I. Social Security #

Address: _____
(number, street or box) (city) (state) (zip)

Telephone number(s): Home() _____ Work() _____

Cell Number _____ Email _____

APPLICATION INFORMATION

What semester/year do you plan to enter? Fall _____ Spring _____ Summer _____
year year year

Check One: Full-Time (12 credits hours+) _____ or Part-time (less than 12) _____

When did you most recently attend Kansas Wesleyan University? _____

What is your degree classification? Degree Seeking _____ Non-Degree Seeking _____

What is your intended college major? _____

Have you ever been convicted of a felony? Yes ___ No ___ (If yes, please attach an explanation)

EDUCATIONAL INFORMATION

Are you or have you attended college since departing KWU: Yes* ___ No ___

*If Yes, please list the information below and submit official transcripts.

(name of college/university) (city/state) (attended:month/year-month/year) (approx.hrs earned)

Are you currently under academic or disciplinary dismissal, suspension, probation or other similar action at any college or university? Yes ___ No ___ (If yes, attach an explanation)

HOUSING INFORMATION

Do you intend to live: On Campus ___ Off Campus in Salina ___ Commute ___

AGREEMENT

I certify that, to the best of my knowledge, all information submitted in this application is true and correct. I understand that failure to present accurate information may render this application null and void. I also understand that the information I have provided may be used for statistical purposes by other authorized offices and agencies. If accepted to Kansas Wesleyan University, I agree to abide by the regulations of the institution and will support the values stated in the Mission of KWU.

Signature _____ Date _____

(Revised 5/11)