

RE-ADMISSION APPLICATION

This form must be completed by former students who have not attended Marshall University during the past calendar year. Undergraduate students who attended another college or university since attending Marshall University must contact the Office of Admissions.

This document must be filed in the Office of the Registrar at least five working days prior to date of registration.

Please complete all items in shaded area.

Name _____					Social Security Number _____					
Last		First		Middle		Maiden				
Date of Birth _____ / _____ / _____			Sex: _____ Female _____ Male							
Month			Day		Year					
Current Permanent Address:										
Street _____										
City _____				State _____			Zip _____			
County _____				Home Telephone: _____						
Are you applying as a resident of W.Va.? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Driver's License No. _____			State and County of Issue _____			Exp. Date _____				
Last Date of Attendance at Marshall University _____										
Check one: _____ I have not attended any college or university since I last attended Marshall University.										
_____ I attended _____ as a visiting student from Marshall University.										
Term applying for: _____ Fall _____ Spring _____ Summer										
_____ Year										
I certify to the best of my knowledge the above information is true.										
Signature _____					Today's Date _____					

For office use only:

LIC _____

Level _____

Student Type _____

Resident Code _____

College _____

Degree _____

Major _____

Hrs Att _____ Hrs Cr _____ Hrs Cred _____ QP

GPA _____ Deficiency _____

Dean's Action: _____ Accepted

_____ Rejected

Signature _____

Entered Computer _____



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