



REGENT UNIVERSITY

GRADUATE READMISSION APPLICATION

This form is to be completed if you have not been enrolled for one calendar year or more and seek to enroll in the same degree program to which you were originally admitted.

Full Legal Name: _____
Last First Middle

Maiden Name: _____ Social Security Number: _____

Present Mailing Address: _____
Street City State Zip

Present Phone: _____
Home Work Extension Fax

E-mail Address: _____

Are you a citizen of the United States? Yes No

If not a U.S. Citizen, are you a permanent resident of the United States? Yes No

If presently in the U.S.: Date of entry _____ Present INS Status _____

Have you attended any other institutions since you were last enrolled at Regent University? Yes No

Please list all institutions attended since your last enrollment. An official transcript must be submitted for each institution attended.

Institution	State/ Country	Major	Credit Hours Earned	GPA	Dates of Attendance

Term of last enrollment: _____ Term you wish to be readmitted: _____

Degree sought: _____ Major: _____ Campus: _____

Previous Advisor: _____ Term you expect to graduate _____

Reason for Returning – What has occurred or changed in your circumstances to cause you to believe that you could successfully complete your program if readmitted to Regent at this time? (Attach separate sheet if necessary):

Students who have not been enrolled for more than one year must meet the degree and admissions requirements current at the time of readmission, as requirements for admission may have changed. Regent students, former students or graduates who seek admission to a different degree program than that of their last term of enrollment must contact the admissions office.

I hereby reapply to Regent University. I affirm that, to the best of my knowledge, all of this information is complete and accurate.

Signature _____ Date _____

For School Use Only

First term enrolled: _____ Last term enrolled: _____ GPA: _____ Academic standing: _____

Checked for Holds _____ Checked Account Balance _____ Checked SPACMNT _____

Application Decision: Approve Regular Conditional Provisional **Reject**

Readmission term _____ Authorized Catalog: _____ New Anticipated Graduation Term _____

Extension of time limit approved: _____ (Attach approved academic petition)

Approved by Director of Admissions/Advising: _____ Date _____

Dean of the School (if required) _____ Date _____

Comments _____

For CEM Use Only

New SAAADMS entered _____ Date _____

Comments _____

For Registrar Use Only

SGASTDN updated _____ Date _____

Comments _____

Fax the completed Readmission Application and statement to 757.352.4033, or mail to the RSU Registrar's Office, Student Center, Room 235. If you choose to send the form as a pdf, send it to registrar@regent.edu