

MONROE COLLEGE

APPLICATION FOR READMISSION



PERSONAL INFORMATION: PLEASE PRINT

Please place a check in the box if you are updating information.

Semester: _____ **Generated by:** Bachelor's Office Graduate Office Online Learning SDO SGS Student Services

Last Name: _____ First Name: _____ ID#: _____

Permanent Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Country: _____

Local Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Country: _____

Home #: _____ Bus. #: _____ Cell #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

Please list all the colleges or schools you have attended SINCE YOU LEFT Monroe College.

Names of School	City, State	Year You Left or Graduated

STATEMENT OF UNDERSTANDING:

I understand that this application cannot be processed if it has not been completed and that all the information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application information may result in the denial of re-admission or dismissal. I authorize the public relations office to use information regarding my academic status, achievement and student activities in news releases regarding student life at Monroe. Further, I agree to abide by all policies and procedures as explained to me.

Applicant Signature: _____ Date: _____

DEPARTMENT APPROVALS:

Campus: BX NR SL Major: _____ FT PT H.S. Diploma/GED Year: _____

Comment: _____

Student Services Signature: _____ Date: _____

International Designated School Official: _____ Date: _____

Financial Aid Award: LOANS: _____ CGR: _____ PELL: _____ SCHL: _____ SEOG: _____ TAP: _____ OTHER: _____

Financial Aid Award			
Category			
Award			

Will Benefit Placement be needed? Yes No Remaining Pell Semesters: _____

Loan Management Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

Bursar Signature: _____ Date: _____

Comment: _____