



Date received: _____	PERC: _____
Student ID #: _____	Status: _____
For office use only	

RE-ADMIT APPLICATION

Name _____
Last First Middle Name when attended Alverno, if different

Address _____
Street City State Zip

Phone _____ Birth Date _____ SS# _____

Email _____

Please circle all that apply:

Hispanic American Indian/Alaskan Native Asian Black Hawaiian/Pacific Islander White

Marital status (circle) Divorced Married Separated Widowed Single Number of dependent children: _____

Denomination (Religion) _____

Emergency Contact _____ Phone _____

Employer _____ Phone _____

No. of hours worked per week: _____

When did you last attend Alverno? _____ Anticipated Grad Date: _____

What semester do you plan on returning? (Fall terms being in late August and Spring terms begin in late January.)
___ Fall 20 ___ Spring 20 ___ Summer 20 ___

You plan to attend: ___ full time (12 to 18 semester hrs) ___ part time (1 to 11 semester hrs)

You are enrolling: ___ to obtain a bachelor's degree ___ other (please state) _____

You would like to enroll in: ___ Weekday College: Major, if decided _____ Minor, if decided _____

___ Adult Evening & Online Program (AEO): select one below
___ Business ___ Liberal Studies ___ Communications ___ Undeclared (undecided)

Educational Background

List all higher educational institutions at which you earned credit, including hospital schools of nursing, either prior to or after attending Alverno College.

Name	City/State	Dates Attended	Degree earned, if any