

### Application for Readmission

Please complete and return to the Office of the Registrar, 122 Carrier Administration Building

Name \_\_\_\_\_  
Last First Middle

**Note: If you want your name changed on your record, you must complete the name change form available at: [www.clarion.edu/6887/](http://www.clarion.edu/6887/)**

Permanent Address \_\_\_\_\_  
Box Number Street Address

City State Zip

CLARION ID or SS# \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_  
(Note: You will be contacted about your readmission application via your Clarion University email address.)

Are you a legal resident of PA?  Yes  No

Are you a citizen of the United States?  Yes  No

Campus Choice:  Clarion  Venango  Pittsburgh Nursing

Enrollment Status:  Full-time  Part-time

Housing Status:  Residence Hall  Commuter  Off-campus

Term of Readmission:  Fall  Winter Intersession  Spring  Pre-session  
 Summer 1  Summer 2

Classification:  Freshman (1-29 credits)  Sophomore (30-59 credits)  
 Junior (60-89 credits)  Senior (90-120 or more credits)  
 Post-baccalaureate

Curriculum and Major: \_\_\_\_\_  
Please indicate the major of your last semester of attendance at Clarion University. Any change of major will require the completion of a Change of Status Form through the Office of the Registrar.

Certification: \_\_\_\_\_

Term of last attendance at Clarion University of Pennsylvania:

|                     | Semester   | Year |
|---------------------|--|------|
| Reason For Leaving: | <input type="checkbox"/> Academic <input type="checkbox"/> Military <input type="checkbox"/> Accident <input type="checkbox"/> Relocated |      |
|                     | <input type="checkbox"/> Health <input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Employment |      |
|                     | <input type="checkbox"/> Attending Another College <input type="checkbox"/> Other  |      |

Please list any colleges attended since leaving Clarion University.

| Name of College | College Address | Dates of Attendance (begin-end) | FT full-time | PT part-time |
|-----------------|-----------------|---------------------------------|--------------|--------------|
| _____           | _____           | _____                           | _____        | _____        |
| _____           | _____           | _____                           | _____        | _____        |
| _____           | _____           | _____                           | _____        | _____        |
| _____           | _____           | _____                           | _____        | _____        |

Note: Official college transcripts (with school seal), including final cumulative grade-point average, must be submitted to the Office of the Registrar.

I certify that the above statements are true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_