

MALONE COLLEGE
REQUEST FOR UNDERGRADUATE RE-ADMISSION

L.Name: _____ F.Name: _____ M.I.: _____

Maiden: _____ Today's Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ SSN: _____

Home Phone: _____

Cell Phone: _____

Male Female

Marital Status: Single Married Divorced

Campus Housing Requested: Yes No

Intended Re-Entrance: Fall Semester Spring Semester Summer I

Seeking to Enroll: Full-time Part-time Summer II
 Summer III

Inform the Financial Aid Dept: Yes No

Are you seeking a degree from Malone College? Yes No

If YES, your intended Major will be: _____

Have you attended another College or University since last attending Malone? Yes No

If YES, list all places of attendance: _____

Note: Failure to accurately complete all requested re-admission information cancels all enrollment privileges.

Student Instructions:

- 1) **Submit this completed form to:**
MALONE COLLEGE
Office of the Registrar
515 25th Street NW
Canton, OH 44709-3897
ph. (330) 471-8128
- 2) You will need to submit **Official Copies** of transcripts for each College/University attended since leaving Malone.
- 3) All financial accounts must be cleared before Re-Admission decisions will be rendered.
- 4) Re-Admission to the college does not constitute continuation of enrollment in a major field of study. Continuation in a major is subject to the academic department's review of your current status based on departmental standards.

Signature of Student: _____ **Date:** _____

OFFICE USE ONLY: (Do not write in this section)

Computer ID: _____ Hours Completed: _____ C.G.P.A.: _____

Date of Last Attendance: _____ Status at Departure: Regular Graduated

Financial Holds: Yes No Tran/Spec Probation

Cleared for re-enrollment by the Dean of Student Development? Yes No

Action: _____

Stipulations: _____

Signature of Registrar: _____ Date: _____