REQUEST FOR READMISSION
Graduate Admissions and Student Services

Date of Request of Readmission: _____
(OFFICE USE ONLY)

Student's Name:
_____

Signature _____ **Date** _____

New contact information? ☐ **Yes** ☐ **No**
(Complete only if Yes)

Home Address: _____**Phone: (____)**_____
Street City State Zip (Area Code)

Employer Address:_____
Name of Company Street City State Zip

Work Phone: (____)_____**Cell Phone: (____)**_____

Email Address:_____

In which graduate program are you are enrolled?_____

Have you received any additional graduate credit since attending Malone? ( ) Y ( ) N

If yes, list college(s) and request official transcripts to be mailed to Malone College, Graduate Office. _____**College/University**

When did you last attend Malone? _____

- - - - - - - - - - Office Use Only - - - - - - - - - -

Request copies of application, transcripts and program of study from the Registrar's Office

Readmission committee email sent_____

Signatures of Authorization

1. _____ **2.** _____
(Program Director) **(Financial Aid Director)**
3. _____ **4.** _____
(Business Office) **(Library)**

Re-admission APPROVED DENIED

Please mail completed form to:
Malone College
Graduate Admissions & Student Services
515 25th Street NW
Canton, OH 44709

Or fax: 330-471-8343