



Adrian College

School of Graduate Studies

Application for Re-Admission

Personal information:

Student number	First name	Middle name/initial	Last name
Social security number	Home address	City	State/Zip
Primary phone number	Email address		

Historical information:

Semester last attended: _____ Previous advisor: _____

Previous program: _____

Reason for leaving Adrian College previously: _____

Do you intend to transfer in credits earned at another institution since you left Adrian College? Yes No

Institutions attended since leaving Adrian:

Name _____ Dates attended _____ Degree _____

Name _____ Dates attended _____ Degree _____

****Please note: this application for re-admission will not be processed until ALL official transcripts have been received****

Proposed status:

Semester of re-entry: Fall Spring May Summer Year _____

Educational goals: Master's degree Certificate Non-degree-seeking Other

Enrollment status: Full-time Half-time Less-than-half-time

Residence: On-campus Off-campus

Do you plan to apply for financial aid? Yes No If yes, when did/will you apply? _____

Intended program: _____

Reason seeking re-admission: _____

X _____
Applicant's signature

Date

Instructions:

1. Return this completed application to the Office of Graduate Studies via email to apply.grad@adrian.edu
2. If you attended any other institutions, request all official transcripts be sent to the Office of Graduate Studies at apply.grad@adrian.edu
3. If applying for financial aid, confirm your arrangements with the Office of Financial Aid: (517) 265-5161 ext. 4306

Office use only:

Dean of Graduate studies _____
Cashier's Office _____
Registrar _____
Office of Financial Aid _____