



APPLICATION FOR READMISSION

(Any student who withdraws or whose enrollment is interrupted must apply for readmission.)

Name _____
(Last, First, Middle)

Maiden Name: _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Mobile Phone (_____) _____

E-mail Address : _____

Readmission to become effective: Fall _____ Winter _____ Spring _____ Summer _____

I Plan to be Full Time: _____ Part Time: _____

Dates previously attended: _____ Degree earned: Yes _____ No _____

Have you been suspended from Franklin College for academic or disciplinary reasons? Yes _____ No _____
 If yes, when? _____

What is your intended college major? _____

Do you plan to complete a degree at Franklin College? Yes No

Do you plan to live on campus? Yes No (If full time, must comply with residency requirements)

Will you/Have you filed the FAFSA? Yes No

NOTE: A matriculated student, whose attendance at Franklin College is interrupted for two consecutive academic semesters, if readmitted, will be readmitted under the policies of the **current** academic catalog.

***If you attended another institution please provide official transcript/s for college/s listed below and a Transfer Student Recommendation Form.
 The transcript/s must be sent directly to the Office of Admissions.*

| Other Colleges Attended** | Location | Dates Attended | Degree |
|---------------------------|----------|----------------|--------|
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I do hereby certify to the best of my knowledge that the preceding statements are true and complete.

Signature of applicant _____ Date _____

Please submit this application, all transcripts, and a statement of reasons for returning to the Office of Admissions at Franklin College.

Office of Admissions, Franklin College, 101 Branigin Blvd., Franklin, IN 46131