



**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

***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***