## WESTMINSTER COLLEGE

## **READMISSION APPLICATION**

FULL NAME:						ID #:		
Last		Fir	st		Middle			
STREET ADDRESS	::				_EMAIL ADDRE	ESS:		
CITY:			STATE:	_ ZIP:	CELL PHO	NE:		
Temporary Addres	SS:		HOME PHONE:					
Readmission requ	ested for semester b	eginning:			_Last semester	of attendance:		
Reason for leaving	Westminster:							
Official Academic T		mitted directly to	the Registrar, \	Westminster (	College, before pr	ocessing of readmission regular re-admit or as a Trar		
Major(s) during e	nrollment at Westm	nster:		I plan	I plan to continue with this major? YES or NO (circle			
If you do not plan to stay with same major, state new major:				*You Must Submit a Change of Major Form!  (Major Declaration/Change Form available at Registrar's Office)				
■ All undergraduate students are required to live in college residence halls unless commuting from home or by the Student Affairs Office to live off-campus. Questions? Contact Student Affairs: 724-946-7110							cial permission	
RESIDENCE HALL ROOM DESIRED: YES or NO (circle one)					I PLAN TO COMMUTE: YES or NO (circle one)			
A \$200 Reservation Deposit is required with each application. This deposit is nonrefundable if the applicant cancels. Please make check payable to Westminster College. Before returning this form to Registrar's Office, please verify that no								
						24-946-7 <b>503</b> or 724-9		
	lmitted after one or l hey are readmitted.	nore semesters	off-campus m	ust satisfy th	e graduation req	uirements as set forth	in the catalog	
separated from readmission for of re-admitta	m Westminster Coll orm and then imme	ege for a minimudiately return it to \$200 Reservation	im of one <b>sem</b> o the Registrai <b>on Deposit.</b> Th	nester. The s r's Office, alo he student m	tudent must cor <b>ng with a Letter</b> ust also contact	or readmission after be mplete and sign this ap r stating reasons for co the Dean, Dr. Jamie Mo	plication for pnsideration	
Student's Signature					Date:			
IMMEDIATELY RE (include require	ETURN COMPLETED d \$200 Reservation ons? 724- 946-7213	FORM TO: RE W 31	GISTRAR'S O ESTMINSTER 9 SOUTH MA EW WILMING	COLLEGE		Date.		
(Office Use O  □ APPROVED	nly) RE  ☐ APPROVED  With Conditions (at	COMMENDA  DENIED  ached)		E:	Director of Student I	Financial Services	 Date	
☐ APPROVED	☐ APPROVED With Conditions (at	DENIED rached)	SIGNATURE			Academic Affairs	 Date	
☐ APPROVED ☐ APPROVED With Conditions (att		☐ DENIED SIGNATURE ached)		E:	Vice President for Student Affairs Date			
COPY SENT TO  ☐ Academic Af		☐ Business Off	ica. Parkins	☐ Mail Roo				
☐ Academic Ar		☐ Financial Aid		☐ Security	, , , <del></del>			
	ce: Fin. Services	☐ Human Resources		•	Student Affairs $\square$			
☐ Business Office: Billing		☐ Information Systems		☐ Titan Ca		gistrar - File Copy		

Revised 06/13/2023 DM