

FULL NAME: _____ ID #: _____
Last First Middle

STREET ADDRESS: _____ EMAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____

Temporary Address: _____ HOME PHONE: _____

Readmission requested for semester beginning: _____ Last semester of attendance: _____

Reason for leaving Westminster: _____

College/Universities attended during separation from Westminster: _____

Official Academic Transcript must be submitted directly to the Registrar, Westminster College, before processing of readmission / registration.
Note: Total semester hours earned & length of time enrolled at other college determines if student returns to WC as a regular re-admit or as a Transfer student.

Major(s) during enrollment at Westminster: _____ I plan to continue with this major? YES or NO (circle one)

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 given special permission by the Student Affairs Office to live off-campus. Questions? Contact Student Affairs: 724-946-7110

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 Outstanding Balance and/or Business Office Holds exist by contacting the Business Office: 724-946-7140 or 724-946-7503

■ Students readmitted after one or more semesters off-campus must satisfy the graduation requirements as set forth in the catalog under which they are readmitted.

■ **Suspension Readmits:** Students who have been placed on academic suspension may apply for readmission after being separated from Westminster College for a minimum of one calendar year. The student must complete and sign this application for readmission form and then immediately return it to the Registrar's Office, **along with a Letter stating reasons for consideration of re-admittance & the required \$200 Reservation Deposit.** The student must also contact the Associate Dean, Dr. Jamie McMinn, 724-946-7120, to determine the academic options available under current policies.

X Student's Signature _____ **Date:** _____

IMMEDIATELY RETURN COMPLETED FORM TO: REGISTRAR'S OFFICE
WESTMINSTER COLLEGE
319 SOUTH MARKET STREET
NEW WILMINGTON, PA 16172

Questions? 724- 946-6336

(Office Use Only)

RECOMMENDATIONS:

APPROVED APPROVED DENIED SIGNATURE: _____
With Conditions (attached) Assistant Controller for Business Office Date

APPROVED APPROVED DENIED SIGNATURE: _____
With Conditions (attached) Associate Dean for Academic Affairs Date

APPROVED APPROVED DENIED SIGNATURE: _____
With Conditions (attached) Vice President for Student Affairs Date

COPY SENT TO:

- Academic Affairs Business Office: Perkins Mail Room Major Dept.: _____
- Applicant: Student Financial Aid Security Advisor: _____
- Business Office: Asst. Controller Human Resources Student Affairs _____
- Business Office: Billing Information Systems Titan Card **Registrar - File Copy**