



Undergraduate Application for Re-Entry/Readmission

For Office Use Only	
Receipt No.	_____
Date Rec'd	_____
<input type="checkbox"/> Resident	<input type="checkbox"/> Waiver <input type="checkbox"/> Non-Resident
Previous Major	_____
New Major	_____
AAF?	_____

A student who wishes to enroll in Columbus State University after an absence of one year is required to submit an Application for Re-Entry/Readmission. Please complete the following information and return this form to the Admissions Office, Columbus State University, 4225 University Avenue, Columbus Georgia 31907-5645. **If you have attended another college since you were enrolled at CSU, please have official transcripts submitted to the Admissions Office.**

Application Status: Returning Reinstatement Transient Transfer Audit

Social Security Number _____ **Date** _____

Name _____
 Last First Middle Former/Maiden Name (if applicable)

Permanent Address _____
 Street City State Zip + 4 Code

Mailing Address _____
 (or check if same as above) Street City State Zip + 4 Code

Home Phone _____ **Work Phone** _____

Residency Status:

Are you a legal resident of Georgia? Yes No If yes, for how long? _____/_____/_____ If no, which state? _____
 Years/Months

Are you a legal resident of Lee or Russell county in Alabama? Yes No If yes, for how long? _____/_____/_____
 Years/Months

Are you **active** duty military or dependent of someone who is **active** duty military? Yes No

Note: For fee assessment purposes, documentation to support the above statements may be requested.

Have you ever been convicted of any criminal offense other than a traffic violation? Yes No

Year and Semester you last attended CSU _____/_____
 Semester Year

Year and Semester you intend to return to CSU _____/_____
 Semester Year

Intended Major Field of Study _____ **Degree Objective** _____
 Example: History Example: B.S.

Do you wish to seek initial teaching certification? Yes No If yes, in what field? _____

List all colleges and other schools attended since you were last enrolled at CSU. Please have the Registrar at each college attended submit official transcripts of academic records to the Admissions Office at CSU.

Name	Location City, State	Dates of Attendance From To	Graduation Date	Degree Obtained
Last College _____				
College _____				
College _____				

Have you been academically excluded, dismissed, or suspended from any of the above institutions:

Yes No If yes, indicate which institution _____

I certify that the information furnished is complete and true. _____

Signature