

Attn: Registrar's Office 2211 College View Drive Redding, CA 96003 Phone: (530) 226-4111 Fax: (530) 226-4870

Office of the Registrar Undergraduate Application for Re-Admission

Application for Re-Admission

This form is intended for Undergraduate students who have been away from Simpson University for **three semesters or less**. If you have been away for more than three semesters, please contact the Office of Enrollment at 1-888-9-SIMPSON.

➤ Re-Admission Application fee is \$25.00. **NON-REFUNDABLE.** Please provide credit card information below or include cash/check made payable to Simpson University.

Student ID or SSN #						
Name				□Male	□Female	
Last	First		Middle			
*If your name has changed s	•		name:			
Address			Q			
Street	(C. 11)	City		1		
Phone (Home):	(Cell):		_ Email Addr	ess:		
Date of Birth:	Marital Status:	\square Married \square Sing	le			
Semester of return: Fall 20_	Spring 20	Summer 20	Last teri	n of enrollme	ent:	
What major/degree program	will you pursue?					
Please indicate reason for dep						
List below any schools attend required from all schools atte	•	attended Simpso	on University		-	
			Dates			
			Dates Dates			
				Dates		
Anticipated date of graduatio	n					
rimicipated dute of graduation						
By signing this application, you	ı (the student) agr	ee to abide by an	d cooperate in	upholding the	e standards of the	
University as listed in the catalog	, ,	•			standards of the	
as inside in one canal	28 min 12 iii 1411 m	5	3000			
Applicant's Signature			Da	Date		
Master Card/Visa/AMEX Number				Office U	Jse Only	
Ermination Data	Dilling 7in Code		Ţ	⊐ CRI		
Expiration Date	Dining Zip Code		ξ	☐ Amount Enclosed	·	
Security Code(3 digits	on back of card)				☐ Ck # ☐ Credit Card	