



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 Admissions Office at 530-226-4600. **The readmit fee is \$50.***

Student ID or SSN # _____

Name _____ ☐ Male ☐ Female

Last First Middle

*If your name has changed since previous enrollment, indicate former name: _____

Address _____

Street

City

State

Zip

Phone (Home): _____ (Cell): _____ Email Address: _____

Date of Birth: _____ Marital Status: ☐ Married ☐ Single

Semester of return: Fall 20____ Spring 20____ Summer 20____ Last term of enrollment: _____

What degree program will you pursue? _____

List below any schools attended since you last attended Simpson University. Official transcripts are required from all schools attended.

_____	Dates _____
_____	Dates _____
_____	Dates _____

Anticipated date of graduation _____

Mission Statement:

As a Christ-centered learning community, Simpson University develops students in mind, faith, and character to influence the world through leadership, scholarship and service.

By signing this application, you (the student) agree to abide by and cooperate in upholding the standards of the University as listed in the catalog and to respect the University's mission.

Applicant's Signature
Date

Master Card/Visa/AMEX/Discover Number _____

Expiration date _____ Billing zip code _____

Security code _____

Office Use Only \$50.00

☐ CRI

☐ Credit card or ☐ check