



Application for Readmission

Name _____
(last) (first) (middle) (maiden)

Address _____
(number and street)

_____ (city) (county) (state) (zip)

Social Security Number _____ Telephone _____
(optional)

E-mail address _____

Will you be applying for financial aid? _____ Have you previously received financial aid from SNC? _____

Is on-campus housing needed? yes no Date of withdrawal from St. Norbert College _____

Academic status: Good standing Probation Academic Dismissal Social Dismissal

Reasons for withdrawal _____

Major _____ Degree _____

Have you attended other colleges since your last registration at St. Norbert? yes no

If yes, give names, dates attended, number of semester hours completed with "C" or better. (Failure to list all institutions, whether or not you expect to transfer credits, will be grounds for summary suspension or dismissal).

Please request the registrar, of all institutions attended, to immediately forward an official transcript, including your latest grades to this office.

List in chronological order any work experience and/or military service since your last registration at the College.

(A copy of your discharge papers, form DD214 must be sent to this office).

When do you plan to enroll? _____ Term _____ Year _____

Full-time Part-time Teacher certification Degree Non-degree

(signature) (date)

By signing the application you are attesting to the accuracy of the information provided.