

PAUL QUINN

RE-ADMISSION APPLICATION Office of Enrollment Management

First: _____ Middle: _____ Last: _____

Home Address:

Street: _____

City: _____

State: _____

Zip: _____

Billing Address (if different):

Street: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

E-Mail Address: _____

SSN: _____

Phone Number: _____

Previous Name: _____

Period Attended Paul Quinn: _____

Student ID Number: _____

Former Major at Paul Quinn: _____

Have you attended another college since attend Paul Quinn? Yes* No

**If yes, Official Transcripts from each college MUST be sent to the Office of Enrollment Management*

Enrollment Type: On-line* In-Person

Educational Goal: Bachelor's Second Degree Certificate

***PLEASE NOTE THAT SOME PROGRAMS ARE NOT AVAILABLE ON-LINE. HOWEVER, DEPENDING ON YOUR OUTSTANDING REQUIREMENTS YOU MAY BE ABLE TO COMPLETE YOURS ON-LINE.**

Returning Status: Full-Time Part-Time

Intended Major: _____ Returning Term: _____ Year: _____

PAUL QUINN

Required Departmental Approvals:

Office of Financial Aid:

Approved Not Approved

Signature: _____

Office of the Registrar:

Approved Not Approved

Signature: _____

Academic Advising Office:

Approved Not Approved

Signature: _____

Business Office/Student Accounting:

Approved Not Approved

Outstanding Balance Owed: \$ _____

Signature: _____

Office of the Chief Administrative Officer/ Disciplinary Concerns:

Approved Not Approved

Signature: _____

FOR EM OFFICE USE ONLY

- Accepted
- Not Accepted

Notes: _____

Enrollment Management Department Signature: _____ Date: _____