

APPLICATION FOR READMISSION

Office of Enrollment Management

WELCH COLLEGE

3606 West End Avenue. | Nashville, TN 37205

Phone: 615.844-5000 | Fax: 615.844.5004

Name _____

Address _____

(Street)

(City)

(State)

(Zip)

Birth date: _____, 19____ Sex: Male, Female Social Security: _____ - _____ - _____

Phone: () _____ Are you eligible for VA benefits? _____

Marital Status (please check one): single married

If married, spouse's name (include maiden name): _____

Dates of previous attendance at Welch College: From _____ to _____

List all colleges and dates attended since: _____

Name and address of pastor(s) of local church(es) in which you have been active since:

Check whether you will be a dorm student, commuter, or Lifetime Learning (non-commuter) student.

Indicate program of study in which you are interested: _____

Are you enrolling in (check all that apply): Adult Degree Program, Lifetime Learning (DVD,online), Traditional (daytime)

When do you plan to enroll? _____ When do you plan to graduate? _____

Use the following spaces to write a statement describing your reasons for desiring to re-enroll at Welch College, including any changes of attitude which should be considered in deciding upon your application. You may wish to indicate why you dropped out of school before and how your situation has changed, as well as your educational goals.

Please read the following before signing:

My signature below indicates that I have answered all questions truthfully; I hereby agree to abide by all the standards and regulations of Welch College as long as I am a student at Welch College.

Signature: _____ Date: _____ Fee enclosed \$ _____

*Note #1: A \$15.00 application fee (not refundable) must accompany this form. Send to **Office of Enrollment Management**.*

Note #2: A \$100.00 room deposit for dorm students must be received by July 1 for fall semester or December 1 for spring semester. This is refundable, provided your cancellation notice is received in writing five days before the beginning of the semester in which you planned to enroll.

FOR OFFICE USE ONLY

Department Approval: Dean of Students _____ Date: _____
Financial Aid _____ Date: _____
Business Office _____ Date: _____
Academic Dean/Registrar _____ Date: _____