

APPLICATION FOR READMISSION

Office of Enrollment Management

WELCH COLLEGE

1045 Bison Trail, Gallatin, TN 37066

Phone: 615-675-5255 Fax: 615-296-0400

Name _____

Address _____

Birth date: _____ Sex: Male Female Social Security: _____ - _____ - _____

Phone: (____) _____ Email address _____ 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 online student.

Indicate program of study in which you are interested: _____

Are you enrolling in (check all that apply): Enhanced Adult Studies Online Studies Traditional (daytime)

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

Use the following space 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 the office for which you are applying: Office of Enrollment Management (traditional), Office of Enhanced Adult Studies, or Office of Online Studies.

Note #2: A \$100.00 room deposit for dorm students must be received by July 1 for the fall semester or December 1 for the 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: _____