

Application for Readmission College of Arts and Sciences

Please return your completed application to:
 Registrar's Office
 Willamette University
 900 State Street
 Salem, OR 97301

Name _____

Address _____

City _____ State _____ ZIP _____

Preferred phone _____

Email _____ ID or Social Security Number _____

I am applying for readmission for: *(check one)*

- Fall Semester Year _____
 Spring Semester

My last semester at Willamette University was: *(check one)*

- Fall Semester Year _____
 Spring Semester

Anticipated Major _____

I wish to return:

- Full-time Part-time

I am seeking a degree:

- Yes No

If you have attended any other colleges or universities since leaving Willamette, list the school name(s) and dates of attendance below. Official transcripts of **all** college work completed since your enrollment at Willamette **must be sent** to the university registrar before your application for readmission will be considered.

Institution	Dates of Attendance	GPA

Please answer the following questions on a separate sheet, and attach it to this application:

- What have you been doing since you were last enrolled at Willamette University?
- Why do you wish to return to Willamette?

I certify that to the best of my knowledge, the information given in this application is correct and complete.

Signature _____

Date _____

FOR OFFICIAL USE ONLY	DATE	SIGNATURE
Business Office		
Registrar		
Campus Life		
Department Chair/Associate Dean (if applicable)		