AUBURN UNIVERSITY
APPLICATION FOR READMISSION

Name _____ Student Number _____

Previous name at Auburn, if applicable _____

Gender M F (Please Circle) Race _____ Marital Status M S D (Please Circle One) Birth Date _____ mm/dd/yyyy

Email Address _____ Current Telephone Number _____

Current Address _____

_____

Last Enrolled at Auburn _____ Term/Year I am requesting readmission for _____ Term/Year

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As defined by University policy in the catalog are you classified as:

(Check One) ALABAMA Resident _____ NON-ALABAMA Resident _____

(If Alabama Resident status is requested, please refer to Certification Statement below.)

Since you last attended Auburn University, have you attended any other college or university:
YES ___ NO ___

If NO, Sign Here _____ Date _____

If YES, READ and SIGN the provisional readmission statement below:

Institution _____ Dates Attended _____

Institution _____ Dates Attended _____

I am requesting provisional readmission pending receipt of two (2) complete transcripts from each institution attended. I realize that I will be asked to resign from Auburn University if my transcript(s) has/have not been received by the Admissions and Records Office within three weeks after the beginning of the term for which I am registering or any transcript(s) indicate that I am ineligible for readmission to Auburn University.

_____ Date _____ Student's Signature

NOTE: University regulations stipulate that a student who attended another institution for more than one term must have earned an overall "C" average or better on all course work since last attending Auburn University to be eligible to re-enter Auburn University. Further, any student seeking readmission must be eligible to return to the last institution attended.

CERTIFICATION STATEMENT

I certify that I am a bona fide resident of the State of Alabama and that I have not left the State of Alabama for a period of 12 consecutive months or more since the date of my last enrollment at Auburn University. I have enclosed a copy of my Alabama Drivers License that is at least one (1) year old to verify this information.

_____ Signature _____ Date